

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

Allstate Insurance Company PAC

ADDRESS (number and street)

2775 Sanders Road Suite A5

☐Check if different  
than previously  
reported. (ACC)

Northbrook

IL

60062

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00040253

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2008

through

04

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven C. Verney

Signature of Treasurer

Electronically Filed by Steven C. Verney

Date

05

19

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Allstate Insurance Company PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		118846.25
(b) Cash on Hand at Beginning of Reporting Period .....	121373.15	
(c) Total Receipts (from Line 19) .....	27846.30	125883.07
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	149219.45	244729.32
7. Total Disbursements (from Line 31) .....	28156.51	123666.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	121062.94	121062.94
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 8

To:

M M  
0 4D D  
3 0Y Y Y Y  
2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	21449.90	54737.62
(i) Itemized (use Schedule A) .....	6396.04	70640.32
(ii) Unitemized .....	27845.94	125377.94
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	27845.94	125377.94
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	500.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.36	5.13
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	27846.30	125883.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27846.30	125883.07

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	156.51	666.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	156.51	666.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	75500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	12000.00	47500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	28156.51	123666.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28156.51	123666.38

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	27845.94	125377.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27845.94	125377.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	156.51	666.38
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	156.51	166.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JONES G ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City

LAKE VILLA

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.89

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714059

Amount of Each Receipt this Period

32.38

**B.**

Full Name (Last, First, Middle Initial)

JONES G ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City

LAKE VILLA

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.27

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799678

Amount of Each Receipt this Period

32.38

**C.**

Full Name (Last, First, Middle Initial)

LORA L ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City

LAKE VILLA

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714119

Amount of Each Receipt this Period

32.55

**SUBTOTAL** of Receipts This Page (optional) .....

97.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

LORAL A DUKEH

Mailing Address 1226 RIDGEWOOD LANE

City

LAKE VILLA

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.95

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799738

Amount of Each Receipt this Period

32.55

**B.**

Full Name (Last, First, Middle Initial)

ROBERT S ALLEN

Mailing Address 244 ELM ROAD

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.30

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713769

Amount of Each Receipt this Period

30.05

**C.**

Full Name (Last, First, Middle Initial)

ROBERT S ALLEN

Mailing Address 244 ELM ROAD

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.35

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799391

Amount of Each Receipt this Period

30.05

**SUBTOTAL** of Receipts This Page (optional) .....

92.65

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City

GRAYS LAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Enterprise Infrastruct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713740

Amount of Each Receipt this Period

70.78

**B.**

Full Name (Last, First, Middle Initial)

JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City

GRAYS LAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Enterprise Infrastruct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799362

Amount of Each Receipt this Period

70.78

**C.**

Full Name (Last, First, Middle Initial)

CHARLES C BAGGS

Mailing Address 4435 SWILCAN BRIDGE LANE N

City

JACKSONVILLE

State

FL

Zip Code

32224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.09

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713831

Amount of Each Receipt this Period

31.78

SUBTOTAL of Receipts This Page (optional) .....

173.34

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

CHARLES C BAGGS

Mailing Address 4435 SWILCAN BRIDGE LANE N

City

JACKSONVILLE

State

FL

Zip Code

32224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.87

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799453

Amount of Each Receipt this Period

31.78

**B.**

Full Name (Last, First, Middle Initial)

DIANE G BAKER

Mailing Address 120 EAST SHERIDAN RD

City

LAKE BLUFF

State

IL

Zip Code

60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-PRODUCT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.23

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713827

Amount of Each Receipt this Period

51.59

**C.**

Full Name (Last, First, Middle Initial)

DIANE G BAKER

Mailing Address 120 EAST SHERIDAN RD

City

LAKE BLUFF

State

IL

Zip Code

60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-PRODUCT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.82

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799449

Amount of Each Receipt this Period

51.59

**SUBTOTAL** of Receipts This Page (optional) .....

134.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ALEXANDRA BALATSOUKAS

Mailing Address 992 WEEPING WAY LANE

City

AVON

State

IN

Zip Code

46123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714032

Amount of Each Receipt this Period

26.90

**B.**

Full Name (Last, First, Middle Initial)

ALEXANDRA BALATSOUKAS

Mailing Address 992 WEEPING WAY LANE

City

AVON

State

IN

Zip Code

46123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799652

Amount of Each Receipt this Period

26.90

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM P BALLINGER

Mailing Address 47530 ABERDEEN DR

City

NOVI

State

MI

Zip Code

48374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

FVP President New Jersey

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.57

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713806

Amount of Each Receipt this Period

34.99

**SUBTOTAL** of Receipts This Page (optional) .....

88.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM P BALLINGER

Mailing Address 47530 ABERDEEN DR

City

NOVI

State

MI

Zip Code

48374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

FVP President New Jersey

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.56

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799428

Amount of Each Receipt this Period

34.99

**B.**

Full Name (Last, First, Middle Initial)

ROBERT H BARGE III

Mailing Address 2222 LOCH WAY

City

EL DORADO HILLS

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.22

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714132

Amount of Each Receipt this Period

68.44

**C.**

Full Name (Last, First, Middle Initial)

ROBERT H BARGE III

Mailing Address 2222 LOCH WAY

City

EL DORADO HILLS

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.66

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799751

Amount of Each Receipt this Period

68.44

**SUBTOTAL** of Receipts This Page (optional) .....

171.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
DIANE BELLAS

Mailing Address 632 Concord Way

City State Zip Code  
Prospect Heights IL 60070

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.34

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799538

Amount of Each Receipt this Period

25.36

**B.**

Full Name (Last, First, Middle Initial)  
WALTER A BERKOWICZ

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code  
NAPERVILLE IL 60565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713991

Amount of Each Receipt this Period

32.68

**C.**

Full Name (Last, First, Middle Initial)  
WALTER A BERKOWICZ

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code  
NAPERVILLE IL 60565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.52

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799612

Amount of Each Receipt this Period

32.68

**SUBTOTAL** of Receipts This Page (optional) .....

90.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

EDWARD A BIEMER

Mailing Address 807 Greenwood Ave.

City

GLENCOE

State

IL

Zip Code

60022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP and President Broker D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713777

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

EDWARD A BIEMER

Mailing Address 807 Greenwood Ave.

City

GLENCOE

State

IL

Zip Code

60022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP and President Broker D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799399

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID A BIRD

Mailing Address 24567 HARBOUR VIEW DRIVE

City

PONTE VEDRA BEA

State

FL

Zip Code

32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

President-Allstate Workpl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714062

Amount of Each Receipt this Period

39.36

**SUBTOTAL** of Receipts This Page (optional) .....

119.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DAVID A BIRD

Mailing Address 24567 HARBOUR VIEW DRIVE

City

PONTE VEDRA BEA

State

FL

Zip Code

32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

President-Allstate Workpl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.44

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799681

Amount of Each Receipt this Period

39.36

**B.**

Full Name (Last, First, Middle Initial)

ROBERT L BLOCK

Mailing Address 398 Brookmont Lane

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Investor R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.33

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714048

Amount of Each Receipt this Period

61.41

**C.**

Full Name (Last, First, Middle Initial)

ROBERT L BLOCK

Mailing Address 398 Brookmont Lane

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Investor R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.74

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799668

Amount of Each Receipt this Period

61.41

**SUBTOTAL** of Receipts This Page (optional) .....

162.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
CHARLES A BOLLINGER

Mailing Address 509 GATES HEAD SOUTH

City State Zip Code  
ELK GROVE VLLGE IL 60007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Sales Agen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.20

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713871

Amount of Each Receipt this Period

50.30

**B.**

Full Name (Last, First, Middle Initial)  
CHARLES A BOLLINGER

Mailing Address 509 GATES HEAD SOUTH

City State Zip Code  
ELK GROVE VLLGE IL 60007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Sales Agen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799492

Amount of Each Receipt this Period

50.30

**C.**

Full Name (Last, First, Middle Initial)  
DOUGLAS L BORG

Mailing Address 5550 Maybeck Ln

City State Zip Code  
Livermore CA 94550

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.08

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714129

Amount of Each Receipt this Period

33.76

**SUBTOTAL** of Receipts This Page (optional) .....

134.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DOUGLAS L BORG

Mailing Address 5550 Maybeck Ln

City

Livermore

State

CA

Zip Code

94550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799748

Amount of Each Receipt this Period

33.76

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL B BOYLE

Mailing Address 1063 CHERRY STREET

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Info Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596.91

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713810

Amount of Each Receipt this Period

75.77

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL B BOYLE

Mailing Address 1063 CHERRY STREET

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Info Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799432

Amount of Each Receipt this Period

75.77

**SUBTOTAL** of Receipts This Page (optional) .....

185.30

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
LONDON B BRADLEY

Mailing Address 1951 BROADSMORE

City State Zip Code  
ALGONQUIN IL 60102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Market Distribution Leade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.07

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714096

Amount of Each Receipt this Period

30.54

**B.**

Full Name (Last, First, Middle Initial)  
LONDON B BRADLEY

Mailing Address 1951 BROADSMORE

City State Zip Code  
ALGONQUIN IL 60102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Market Distribution Leade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.61

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799715

Amount of Each Receipt this Period

30.54

**C.**

Full Name (Last, First, Middle Initial)  
SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code  
LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.61

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713928

Amount of Each Receipt this Period

39.77

**SUBTOTAL** of Receipts This Page (optional) .....

100.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code  
LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.34

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799549

Amount of Each Receipt this Period

45.73

**B.**

Full Name (Last, First, Middle Initial)  
DAVID C BROCK

Mailing Address 305 CHURCHILL LANE

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.58

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713818

Amount of Each Receipt this Period

35.51

**C.**

Full Name (Last, First, Middle Initial)  
DAVID C BROCK

Mailing Address 305 CHURCHILL LANE

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.09

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799440

Amount of Each Receipt this Period

35.51

**SUBTOTAL** of Receipts This Page (optional) .....

116.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

CATHERINE S BRUNE

Mailing Address 190 SAVANNA CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP & Chief Information O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1415.78

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713830

Amount of Each Receipt this Period

183.46

**B.**

Full Name (Last, First, Middle Initial)

CATHERINE S BRUNE

Mailing Address 190 SAVANNA CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP & Chief Information O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1599.24

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799452

Amount of Each Receipt this Period

183.46

**C.**

Full Name (Last, First, Middle Initial)

ANNE MARIE L BRUNNER

Mailing Address 2514 SOUTH WESLEY AVE

City

BERWYN

State

IL

Zip Code

60402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.52

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713924

Amount of Each Receipt this Period

35.59

**SUBTOTAL** of Receipts This Page (optional) .....

402.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANNE MARIE L BRUNNER

Mailing Address 2514 SOUTH WESLEY AVE

City

BERWYN

State

IL

Zip Code

60402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.11

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799545

Amount of Each Receipt this Period

35.59

**B.**

Full Name (Last, First, Middle Initial)

JOHN C BRUSE

Mailing Address 1434 WOODACRE DRIVE

City

MC LEAN

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Ast Gene

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.28

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714110

Amount of Each Receipt this Period

36.36

**C.**

Full Name (Last, First, Middle Initial)

JOHN C BRUSE

Mailing Address 1434 WOODACRE DRIVE

City

MC LEAN

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Ast Gene

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799729

Amount of Each Receipt this Period

36.36

**SUBTOTAL** of Receipts This Page (optional) .....

108.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DAVID N BUGGS

Mailing Address 12234 85TH AVE

City

PLEASANT PR

State

WI

Zip Code

53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714049

Amount of Each Receipt this Period

32.14

**B.**

Full Name (Last, First, Middle Initial)

DAVID N BUGGS

Mailing Address 12234 85TH AVE

City

PLEASANT PR

State

WI

Zip Code

53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.26

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799669

Amount of Each Receipt this Period

32.14

**C.**

Full Name (Last, First, Middle Initial)

KAREN E BURCKHARDT

Mailing Address 730 E. HAWTHORNE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714047

Amount of Each Receipt this Period

42.50

**SUBTOTAL** of Receipts This Page (optional) .....

106.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KAREN E BURCKHARDT

Mailing Address 730 E. HAWTHORNE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799667

Amount of Each Receipt this Period

42.50

**B.**

Full Name (Last, First, Middle Initial)

PEGGY BURROWS

Mailing Address 2628 HALSEY DRIVE

City

FLOWER MOUND

State

TX

Zip Code

75028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714077

Amount of Each Receipt this Period

28.43

**C.**

Full Name (Last, First, Middle Initial)

PEGGY BURROWS

Mailing Address 2628 HALSEY DRIVE

City

FLOWER MOUND

State

TX

Zip Code

75028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.87

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799696

Amount of Each Receipt this Period

28.43

**SUBTOTAL** of Receipts This Page (optional) .....

99.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

CECILE A BUTLER

Mailing Address 9309 ELIZABETH LANE

City

SPRING GROVE

State

IL

Zip Code

60081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.93

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713729

Amount of Each Receipt this Period

89.71

**B.**

Full Name (Last, First, Middle Initial)

CECILE A BUTLER

Mailing Address 9309 ELIZABETH LANE

City

SPRING GROVE

State

IL

Zip Code

60081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

792.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799351

Amount of Each Receipt this Period

89.71

**C.**

Full Name (Last, First, Middle Initial)

D C BUTLER III

Mailing Address 15430 WHITE COLUMNS DRIVE

City

ALPHARETTA

State

GA

Zip Code

30004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.17

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713828

Amount of Each Receipt this Period

54.84

**SUBTOTAL** of Receipts This Page (optional) .....

234.26

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

D C BUTLER III

Mailing Address 15430 WHITE COLUMNS DRIVE

City

ALPHARETTA

State

GA

Zip Code

30004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799450

Amount of Each Receipt this Period

54.84

**B.**

Full Name (Last, First, Middle Initial)

DEBORAH K CAMPBELL

Mailing Address 21863 NORTH TALL OAKS COURT

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

Transaction ID: A2008-714033

Amount of Each Receipt this Period

62.52

**C.**

Full Name (Last, First, Middle Initial)

DEBORAH K CAMPBELL

Mailing Address 21863 NORTH TALL OAKS COURT

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799653

Amount of Each Receipt this Period

62.52

SUBTOTAL of Receipts This Page (optional) .....

179.88

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

IRIS M CHESTER

Mailing Address 643 ST GEORGE CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.58

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799677

Amount of Each Receipt this Period

23.97

**B.**

Full Name (Last, First, Middle Initial)

SCOTT M CHRISTENSEN

Mailing Address 20713 LEXINGTON LANE

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.17

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713981

Amount of Each Receipt this Period

37.99

**C.**

Full Name (Last, First, Middle Initial)

SCOTT M CHRISTENSEN

Mailing Address 20713 LEXINGTON LANE

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.16

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799602

Amount of Each Receipt this Period

37.99

**SUBTOTAL** of Receipts This Page (optional) .....

99.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
EDWARD T CLARK

Mailing Address 2907 GLENARYE DR

City State Zip Code  
LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Marketing Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.54

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799629

Amount of Each Receipt this Period

24.21

**B.**

Full Name (Last, First, Middle Initial)  
MARK P CLOGHESSY

Mailing Address 4343 LAWN AVE

City State Zip Code  
WESTERN SPRINGS IL 60558

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713864

Amount of Each Receipt this Period

34.33

**C.**

Full Name (Last, First, Middle Initial)  
MARK P CLOGHESSY

Mailing Address 4343 LAWN AVE

City State Zip Code  
WESTERN SPRINGS IL 60558

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.17

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799485

Amount of Each Receipt this Period

34.33

**SUBTOTAL** of Receipts This Page (optional) .....

92.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DEBORAH L CLOUSER

Mailing Address 4667 TAMWORTH DR

City

PALM HARBOR

State

FL

Zip Code

34685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.93

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714007

Amount of Each Receipt this Period

29.26

**B.**

Full Name (Last, First, Middle Initial)

DEBORAH L CLOUSER

Mailing Address 4667 TAMWORTH DR

City

PALM HARBOR

State

FL

Zip Code

34685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.19

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799627

Amount of Each Receipt this Period

29.26

**C.**

Full Name (Last, First, Middle Initial)

LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.25

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713967

Amount of Each Receipt this Period

33.05

**SUBTOTAL** of Receipts This Page (optional) .....

91.57

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.30

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799588

Amount of Each Receipt this Period

33.05

B.

Full Name (Last, First, Middle Initial)

EDWARD T COLLINS

Mailing Address 809 DUNHILL COURT

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.34

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713913

Amount of Each Receipt this Period

39.77

C.

Full Name (Last, First, Middle Initial)

EDWARD T COLLINS

Mailing Address 809 DUNHILL COURT

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.11

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799534

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional) .....

112.59

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL P COOGAN

Mailing Address 1609 SYRACUSE LN.

City

SCHAUMBURG

State

IL

Zip Code

60193

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713971

Amount of Each Receipt this Period

30.40

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL P COOGAN

Mailing Address 1609 SYRACUSE LN.

City

SCHAUMBURG

State

IL

Zip Code

60193

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799592

Amount of Each Receipt this Period

30.40

**C.**

Full Name (Last, First, Middle Initial)

RONALD L CORBIN

Mailing Address 14 Portrush Place

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.81

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714072

Amount of Each Receipt this Period

67.52

**SUBTOTAL** of Receipts This Page (optional) .....

128.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

RONALD L CORBIN

Mailing Address 14 Portrush Place

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

604.33

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799691

Amount of Each Receipt this Period

67.52

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM G CRIMMINS

Mailing Address 218 S KASPAR

City

ARLINGTON HGTS.

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

573.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713872

Amount of Each Receipt this Period

73.84

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM G CRIMMINS

Mailing Address 218 S KASPAR

City

ARLINGTON HGTS.

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799493

Amount of Each Receipt this Period

73.84

**SUBTOTAL** of Receipts This Page (optional) .....

215.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
FREDERICK F CRIPE

Mailing Address 277 N. BILTMORE DRIVE

City State Zip Code  
N. BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
GVP-Product Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.71

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713866

Amount of Each Receipt this Period

85.62

**B.**

Full Name (Last, First, Middle Initial)  
FREDERICK F CRIPE

Mailing Address 277 N. BILTMORE DRIVE

City State Zip Code  
N. BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
GVP-Product Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

746.33

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799487

Amount of Each Receipt this Period

85.62

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD C CRIST JR

Mailing Address 14 CARDINAL DRIVE

City State Zip Code  
PRINCETON JUNCT NJ 08550

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.51

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713789

Amount of Each Receipt this Period

69.12

**SUBTOTAL** of Receipts This Page (optional) .....

240.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

RICHARD C CRIST JR

Mailing Address 14 CARDINAL DRIVE

City

PRINCETON JUNCT

State

NJ

Zip Code

08550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

618.63

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799411

Amount of Each Receipt this Period

69.12

**B.**

Full Name (Last, First, Middle Initial)

JOAN M CROCKETT

Mailing Address 27 RIVER BEND CT

City

LAKE BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

904.45

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713848

Amount of Each Receipt this Period

82.79

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM DALY

Mailing Address 22425 N LINDEN DR.

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.43

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713776

Amount of Each Receipt this Period

42.56

**SUBTOTAL** of Receipts This Page (optional) .....

194.47

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM DALY

Mailing Address 22425 N LINDEN DR.

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.99

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799398

Amount of Each Receipt this Period

42.56

**B.**

Full Name (Last, First, Middle Initial)

ROBERT W DANIELS

Mailing Address 1020 Pleasant Street #1

City

Oak Park

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.31

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713817

Amount of Each Receipt this Period

36.32

**C.**

Full Name (Last, First, Middle Initial)

ROBERT W DANIELS

Mailing Address 1020 Pleasant Street #1

City

Oak Park

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.63

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799439

Amount of Each Receipt this Period

36.32

**SUBTOTAL** of Receipts This Page (optional) .....

115.20

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

SAM DE FRANK

Mailing Address 5 COURT OF HIDDEN WELLS

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP &amp; Tax Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713919

Amount of Each Receipt this Period

34.37

**B.**

Full Name (Last, First, Middle Initial)

SAM DE FRANK

Mailing Address 5 COURT OF HIDDEN WELLS

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP &amp; Tax Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799540

Amount of Each Receipt this Period

34.37

**C.**

Full Name (Last, First, Middle Initial)

STEVEN J DEGNAN-SCHMIDT

Mailing Address 1320 MULBERRY LN.

City

CARY

State

IL

Zip Code

60013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713851

Amount of Each Receipt this Period

36.61

SUBTOTAL of Receipts This Page (optional) .....

105.35

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

STEVEN J DEGNAN-SCHMIDT

Mailing Address 1320 MULBERRY LN.

City

CARY

State

IL

Zip Code

60013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.69

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799472

Amount of Each Receipt this Period

36.61

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Specialty Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.25

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714023

Amount of Each Receipt this Period

54.05

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Specialty Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.30

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799643

Amount of Each Receipt this Period

54.05

**SUBTOTAL** of Receipts This Page (optional) .....

144.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

LORI A DESCH

Mailing Address 5 TREGONWELL COURT

City

ALGONQUIN

State

IL

Zip Code

60102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713842

Amount of Each Receipt this Period

33.55

**B.**

Full Name (Last, First, Middle Initial)

LORI A DESCH

Mailing Address 5 TREGONWELL COURT

City

ALGONQUIN

State

IL

Zip Code

60102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.45

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799464

Amount of Each Receipt this Period

33.55

**C.**

Full Name (Last, First, Middle Initial)

SARAH R DONAHUE

Mailing Address 4147 RFD

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Northbrook/Glenbrook

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713999

Amount of Each Receipt this Period

57.35

**SUBTOTAL** of Receipts This Page (optional) .....

124.45

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

SARAH R DONAHUE

Mailing Address 4147 RFD

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Northbrook/Glenbrook

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

509.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799619

Amount of Each Receipt this Period

57.35

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY R DUGAN

Mailing Address 3220 SANDY LANE

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

241.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

Transaction ID: A2008-714104

Amount of Each Receipt this Period

30.98

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY R DUGAN

Mailing Address 3220 SANDY LANE

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

272.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799723

Amount of Each Receipt this Period

30.98

SUBTOTAL of Receipts This Page (optional) .....

119.31

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

LAURA DUNNE

Mailing Address 1810 BALMORAL AVE

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Strategy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799605

Amount of Each Receipt this Period

23.18

**B.**

Full Name (Last, First, Middle Initial)

DANIEL P DURBIN

Mailing Address 1311 SOUTH WALNUT AVE.

City

ARLINGTON HTS.

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AF Operations Dept Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.93

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

Transaction ID: A2008-714005

Amount of Each Receipt this Period

28.81

**C.**

Full Name (Last, First, Middle Initial)

DANIEL P DURBIN

Mailing Address 1311 SOUTH WALNUT AVE.

City

ARLINGTON HTS.

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AF Operations Dept Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799625

Amount of Each Receipt this Period

28.81

SUBTOTAL of Receipts This Page (optional) .....

80.80

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
PHILIP L EMMANUELE

Mailing Address 1085 FOREST HILL RD.

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Marketing Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713759

Amount of Each Receipt this Period

60.90

**B.**

Full Name (Last, First, Middle Initial)  
PHILIP L EMMANUELE

Mailing Address 1085 FOREST HILL RD.

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Marketing Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.60

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799381

Amount of Each Receipt this Period

60.90

**C.**

Full Name (Last, First, Middle Initial)  
KATHLEEN N ENRIGHT

Mailing Address 10323 TRUMBULL AVE

City State Zip Code  
CHICAGO IL 60655

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.69

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714014

Amount of Each Receipt this Period

36.08

**SUBTOTAL** of Receipts This Page (optional) .....

157.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KATHLEEN N ENRIGHT

Mailing Address 10323 TRUMBULL AVE

City

CHICAGO

State

IL

Zip Code

60655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.77

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799634

Amount of Each Receipt this Period

36.08

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Finance Innovation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.97

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713742

Amount of Each Receipt this Period

52.69

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Finance Innovation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.66

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799364

Amount of Each Receipt this Period

52.69

**SUBTOTAL** of Receipts This Page (optional) .....

141.46

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

RICHARD B ESPINOZA

Mailing Address 673 HASTINGS ROAD

City

WHEELING

State

IL

Zip Code

60090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Unclassified Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.88

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713935

Amount of Each Receipt this Period

32.26

**B.**

Full Name (Last, First, Middle Initial)

RICHARD B ESPINOZA

Mailing Address 673 HASTINGS ROAD

City

WHEELING

State

IL

Zip Code

60090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Unclassified Sr Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.14

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799556

Amount of Each Receipt this Period

32.26

**C.**

Full Name (Last, First, Middle Initial)

THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.27

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713774

Amount of Each Receipt this Period

42.94

**SUBTOTAL** of Receipts This Page (optional) .....

107.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.21

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799396

Amount of Each Receipt this Period

42.94

**B.**

Full Name (Last, First, Middle Initial)

DOROTHY EVEN

Mailing Address 1130 KEYSTONE AVENUE

City

RIVER FOREST

State

IL

Zip Code

60305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713911

Amount of Each Receipt this Period

83.70

**C.**

Full Name (Last, First, Middle Initial)

DOROTHY EVEN

Mailing Address 1130 KEYSTONE AVENUE

City

RIVER FOREST

State

IL

Zip Code

60305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

743.85

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799532

Amount of Each Receipt this Period

83.70

**SUBTOTAL** of Receipts This Page (optional) .....

210.34

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KATHRYN L FABYAN

Mailing Address 21209 WEST YORKSHIRE DRIVE

City

KILDEER

State

IL

Zip Code

60049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-714057

Amount of Each Receipt this Period

38.98

**B.**

Full Name (Last, First, Middle Initial)

KATHRYN L FABYAN

Mailing Address 21209 WEST YORKSHIRE DRIVE

City

KILDEER

State

IL

Zip Code

60049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799676

Amount of Each Receipt this Period

38.98

**C.**

Full Name (Last, First, Middle Initial)

GORDON S FALKNOR

Mailing Address 703 E CHERRY LN

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &amp;

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713932

Amount of Each Receipt this Period

48.06

SUBTOTAL of Receipts This Page (optional) .....

126.02

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
GORDON S FALKNOR

Mailing Address 703 E CHERRY LN

City State Zip Code  
ARLINGTON HTS IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.19

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799553

Amount of Each Receipt this Period

48.06

**B.**

Full Name (Last, First, Middle Initial)  
CAROLYN A FILIPOVIC

Mailing Address 918 JUNIPER ROAD

City State Zip Code  
GLENVIEW IL 60025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Regional Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.46

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714036

Amount of Each Receipt this Period

26.57

**C.**

Full Name (Last, First, Middle Initial)  
CAROLYN A FILIPOVIC

Mailing Address 918 JUNIPER ROAD

City State Zip Code  
GLENVIEW IL 60025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Regional Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.03

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799656

Amount of Each Receipt this Period

26.57

**SUBTOTAL** of Receipts This Page (optional) .....

101.20

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

STEVEN FINE

Mailing Address 40375 N. SEA EAGLE CT

City

ANTIOCH

State

IL

Zip Code

60002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713781

Amount of Each Receipt this Period

25.52

**B.**

Full Name (Last, First, Middle Initial)

STEVEN FINE

Mailing Address 40375 N. SEA EAGLE CT

City

ANTIOCH

State

IL

Zip Code

60002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799403

Amount of Each Receipt this Period

25.52

**C.**

Full Name (Last, First, Middle Initial)

DARYLL D FLETCHER

Mailing Address 22256 W MASHI CT

City

IVANHOE

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP-KNOWLEDGE DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713903

Amount of Each Receipt this Period

28.45

SUBTOTAL of Receipts This Page (optional) .....

79.49

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DARYLL D FLETCHER

Mailing Address 22256 W MASHI CT

City

IVANHOE

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP-KNOWLEDGE DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799524

Amount of Each Receipt this Period

28.45

**B.**

Full Name (Last, First, Middle Initial)

KELLY F FOGARTY

Mailing Address 613 REX

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Specialty Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713927

Amount of Each Receipt this Period

38.56

**C.**

Full Name (Last, First, Middle Initial)

KELLY F FOGARTY

Mailing Address 613 REX

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Specialty Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799548

Amount of Each Receipt this Period

38.56

SUBTOTAL of Receipts This Page (optional) .....

105.57

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
PATRICIA W FRIDLEY

Mailing Address 945 Shermer Road

City State Zip Code  
NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.17

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713855

Amount of Each Receipt this Period

74.31

**B.**

Full Name (Last, First, Middle Initial)  
PATRICIA W FRIDLEY

Mailing Address 945 Shermer Road

City State Zip Code  
NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.48

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799476

Amount of Each Receipt this Period

74.31

**C.**

Full Name (Last, First, Middle Initial)  
MATTHEW D FULLER

Mailing Address 350 EDGE FIELD LANE

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.16

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713854

Amount of Each Receipt this Period

39.77

**SUBTOTAL** of Receipts This Page (optional) .....

188.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
MATTHEW D FULLER

Mailing Address 350 EDGE FIELD LANE

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.93

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799475

Amount of Each Receipt this Period

39.77

**B.**

Full Name (Last, First, Middle Initial)  
ANGELA FUSCO

Mailing Address 22255 MASHIE CT

City State Zip Code  
IVANHOE IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.91

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713791

Amount of Each Receipt this Period

29.67

**C.**

Full Name (Last, First, Middle Initial)  
ANGELA FUSCO

Mailing Address 22255 MASHIE CT

City State Zip Code  
IVANHOE IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.58

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799413

Amount of Each Receipt this Period

29.67

**SUBTOTAL** of Receipts This Page (optional) .....

99.11

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

VINCENT A FUSCO

Mailing Address 6 SUGAR MAPLE COURT

City

DIX HILLS

State

NY

Zip Code

11746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799361

Amount of Each Receipt this Period

23.68

**B.**

Full Name (Last, First, Middle Initial)

PATRICK C GALLERY

Mailing Address 2321 WEST STEEPLECHASE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President &amp; Assistan

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.09

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713795

Amount of Each Receipt this Period

60.98

**C.**

Full Name (Last, First, Middle Initial)

PATRICK C GALLERY

Mailing Address 2321 WEST STEEPLECHASE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President &amp; Assistan

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799417

Amount of Each Receipt this Period

60.98

SUBTOTAL of Receipts This Page (optional) .....

145.64

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KAREN C GARDNER

Mailing Address 1434 BAFFIN ROAD

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.63

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714088

Amount of Each Receipt this Period

70.91

**B.**

Full Name (Last, First, Middle Initial)

KAREN C GARDNER

Mailing Address 1434 BAFFIN ROAD

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.54

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799707

Amount of Each Receipt this Period

70.91

**C.**

Full Name (Last, First, Middle Initial)

LYNN A GEHANT

Mailing Address 23W650 WOODWORTH PLACE

City

ROSELLE

State

IL

Zip Code

60172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713936

Amount of Each Receipt this Period

37.15

**SUBTOTAL** of Receipts This Page (optional) .....

178.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

LYNN A GEHANT

Mailing Address 23W650 WOODWORTH PLACE

City

ROSELLE

State

IL

Zip Code

60172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799557

Amount of Each Receipt this Period

37.15

**B.**

Full Name (Last, First, Middle Initial)

BONNIE S GILL

Mailing Address 1570 EDGEFIELD LANE

City

HOFFMAN ESTATES

State

IL

Zip Code

60195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP State Team

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.97

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714089

Amount of Each Receipt this Period

31.44

**C.**

Full Name (Last, First, Middle Initial)

BONNIE S GILL

Mailing Address 1570 EDGEFIELD LANE

City

HOFFMAN ESTATES

State

IL

Zip Code

60195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP State Team

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.41

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799708

Amount of Each Receipt this Period

31.44

**SUBTOTAL** of Receipts This Page (optional) .....

100.03

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOAN GILMORE

Mailing Address 656 S BUCKINGHAM CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713743

Amount of Each Receipt this Period

39.77

**B.**

Full Name (Last, First, Middle Initial)

JOAN GILMORE

Mailing Address 656 S BUCKINGHAM CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799365

Amount of Each Receipt this Period

39.77

**C.**

Full Name (Last, First, Middle Initial)

MARLA F GLABE

Mailing Address 83 CARIBOU CROSSING

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713978

Amount of Each Receipt this Period

73.50

SUBTOTAL of Receipts This Page (optional) .....

153.04

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MARLA F GLABE

Mailing Address 83 CARIBOU CROSSING

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.05

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799599

Amount of Each Receipt this Period

73.50

**B.**

Full Name (Last, First, Middle Initial)

BARBARA H GOHR

Mailing Address 1601 OLD BARN CIRCLE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Administrative Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713841

Amount of Each Receipt this Period

27.97

**C.**

Full Name (Last, First, Middle Initial)

BARBARA H GOHR

Mailing Address 1601 OLD BARN CIRCLE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Administrative Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.33

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799463

Amount of Each Receipt this Period

27.97

**SUBTOTAL** of Receipts This Page (optional) .....

129.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

BRUCE R GOLDBERG

Mailing Address 10 MULBERRY LN

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799516

Amount of Each Receipt this Period

19.88

**B.**

Full Name (Last, First, Middle Initial)

DENNIS C GOMEZ

Mailing Address 3 ROBERT COURT

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Human Reso

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.90

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713771

Amount of Each Receipt this Period

61.85

**C.**

Full Name (Last, First, Middle Initial)

DENNIS C GOMEZ

Mailing Address 3 ROBERT COURT

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Human Reso

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.75

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799393

Amount of Each Receipt this Period

61.85

**SUBTOTAL** of Receipts This Page (optional) .....

143.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANN A GOULD

Mailing Address 4071 NEWPORT LANE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714140

Amount of Each Receipt this Period

32.80

**B.**

Full Name (Last, First, Middle Initial)

ANN A GOULD

Mailing Address 4071 NEWPORT LANE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799759

Amount of Each Receipt this Period

32.80

**C.**

Full Name (Last, First, Middle Initial)

PAMELA P GRAY

Mailing Address 50 E. BELLEVUE PL. #2402

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Data Center Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.52

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714067

Amount of Each Receipt this Period

26.59

**SUBTOTAL** of Receipts This Page (optional) .....

92.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PAMELA P GRAY

Mailing Address 50 E. BELLEVUE PL. #2402

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Data Center Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.11

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799686

Amount of Each Receipt this Period

26.59

**B.**

Full Name (Last, First, Middle Initial)

JUDITH P GREFFIN

Mailing Address 948 NORTH EUCLID AVENUE

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.28

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713859

Amount of Each Receipt this Period

48.51

**C.**

Full Name (Last, First, Middle Initial)

JUDITH P GREFFIN

Mailing Address 948 NORTH EUCLID AVENUE

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.79

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799480

Amount of Each Receipt this Period

48.51

**SUBTOTAL** of Receipts This Page (optional) .....

123.61

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANN M GROSS

Mailing Address 91 STABLE WAY

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Education and Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.86

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799371

Amount of Each Receipt this Period

23.94

**B.**

Full Name (Last, First, Middle Initial)

GREGORY J GUIDOS

Mailing Address 804 QUEENS HARBOR BLVD

City

JACKSONVILLE

State

FL

Zip Code

32225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Finance AFW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.27

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799655

Amount of Each Receipt this Period

22.93

**C.**

Full Name (Last, First, Middle Initial)

JAMES W HAIDU

Mailing Address 3 South Wynstone

City

N. BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Ivantage AVP Specialty Li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.23

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713988

Amount of Each Receipt this Period

55.36

**SUBTOTAL** of Receipts This Page (optional) .....

102.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JAMES W HAIDU

Mailing Address 3 South Wynstone

City

N. BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Ivantage AVP Specialty Li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.59

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799609

Amount of Each Receipt this Period

55.36

**B.**

Full Name (Last, First, Middle Initial)

ROBERT F HAIR

Mailing Address 17 NORTH TRAIL

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.99

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714141

Amount of Each Receipt this Period

26.48

**C.**

Full Name (Last, First, Middle Initial)

ROBERT F HAIR

Mailing Address 17 NORTH TRAIL

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.47

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799760

Amount of Each Receipt this Period

26.48

**SUBTOTAL** of Receipts This Page (optional) .....

108.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DANNY L HALE

Mailing Address 1071 OLMSTED DRIVE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP Chf Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

998.33

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714056

Amount of Each Receipt this Period

14.06

**B.**

Full Name (Last, First, Middle Initial)

RANDALL M HANSON

Mailing Address 840 ALLEGHANY

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.06

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714097

Amount of Each Receipt this Period

32.47

**C.**

Full Name (Last, First, Middle Initial)

RANDALL M HANSON

Mailing Address 840 ALLEGHANY

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.21

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799716

Amount of Each Receipt this Period

33.15

**SUBTOTAL** of Receipts This Page (optional) .....

79.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL L HARRISON

Mailing Address 1141 WINNERS CIRCLE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.40

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714145

Amount of Each Receipt this Period

132.55

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL L HARRISON

Mailing Address 1141 WINNERS CIRCLE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.95

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799764

Amount of Each Receipt this Period

132.55

**C.**

Full Name (Last, First, Middle Initial)

DANIEL J HEBEL

Mailing Address 28365 West Big Hollow Road

City

Ingleside

State

IL

Zip Code

60041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713850

Amount of Each Receipt this Period

67.30

**SUBTOTAL** of Receipts This Page (optional) .....

332.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DANIEL J HEBEL

Mailing Address 28365 West Big Hollow Road

City State Zip Code  
 Ingleside IL 60041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.30

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799471

Amount of Each Receipt this Period

67.30

**B.**

Full Name (Last, First, Middle Initial)

RICHARD J HENEBERRY

Mailing Address 23 CLAYTON

City State Zip Code  
 LAKE VILLA IL 60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Intract Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.21

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799497

Amount of Each Receipt this Period

24.89

**C.**

Full Name (Last, First, Middle Initial)

ROBERT L HERRING

Mailing Address 4337 SPRUCE BOUGH DR

City State Zip Code  
 MARIETTA GA 30062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Distribution Support Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.85

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714061

Amount of Each Receipt this Period

32.15

**SUBTOTAL** of Receipts This Page (optional) .....

124.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ROBERT L HERRING

Mailing Address 4337 SPRUCE BOUGH DR

City

MARIETTA

State

GA

Zip Code

30062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Distribution Support Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799680

Amount of Each Receipt this Period

32.15

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.58

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713816

Amount of Each Receipt this Period

88.06

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

767.64

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799438

Amount of Each Receipt this Period

88.06

**SUBTOTAL** of Receipts This Page (optional) .....

208.27

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 63 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
LINDA M HONOUR

Mailing Address 8 PELHAM ROAD

City State Zip Code  
WESTON MA 02493

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.09

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714148

Amount of Each Receipt this Period

45.23

**B.**

Full Name (Last, First, Middle Initial)  
LINDA M HONOUR

Mailing Address 8 PELHAM ROAD

City State Zip Code  
WESTON MA 02493

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.32

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799767

Amount of Each Receipt this Period

45.23

**C.**

Full Name (Last, First, Middle Initial)  
MERRILD A HOOVER

Mailing Address 49 DORAL STREET

City State Zip Code  
HURRICANE WV 25526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Market Distribution Leade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799441

Amount of Each Receipt this Period

23.36

**SUBTOTAL** of Receipts This Page (optional) .....

113.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 64 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
F M HORD

Mailing Address 1937 Veterans Blvd

City State Zip Code  
Metairie LA 70005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713869

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
F M HORD

Mailing Address 1937 Veterans Blvd

City State Zip Code  
Metairie LA 70005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799490

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code  
KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.06

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713963

Amount of Each Receipt this Period

45.22

**SUBTOTAL** of Receipts This Page (optional) .....

105.22

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.28

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799584

Amount of Each Receipt this Period

45.22

**B.**

Full Name (Last, First, Middle Initial)

LYNNE A IVERSON

Mailing Address 890 BLAZING STAR TRAIL

City

CARY

State

IL

Zip Code

60013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Sourcing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.10

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713918

Amount of Each Receipt this Period

28.15

**C.**

Full Name (Last, First, Middle Initial)

LYNNE A IVERSON

Mailing Address 890 BLAZING STAR TRAIL

City

CARY

State

IL

Zip Code

60013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Sourcing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.25

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799539

Amount of Each Receipt this Period

28.15

**SUBTOTAL** of Receipts This Page (optional) .....

101.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 66 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL A JACKOWSKI

Mailing Address 3602 FRANKLIN CT.

City

CRYSTAL LAKE

State

IL

Zip Code

60014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.62

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713896

Amount of Each Receipt this Period

79.49

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL A JACKOWSKI

Mailing Address 3602 FRANKLIN CT.

City

CRYSTAL LAKE

State

IL

Zip Code

60014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.11

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799517

Amount of Each Receipt this Period

79.49

**C.**

Full Name (Last, First, Middle Initial)

JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE NORTH

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

F&P/Enterprise Risk Manag

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713890

Amount of Each Receipt this Period

32.85

**SUBTOTAL** of Receipts This Page (optional) .....

191.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE NORTH

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

F&P/Enterprise Risk Manag

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.85

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799511

Amount of Each Receipt this Period

32.85

**B.**

Full Name (Last, First, Middle Initial)

DOLORES M JOSSUND

Mailing Address 4242 W. HARRINGTON LANE

City

CHICAGO

State

IL

Zip Code

60646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.16

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713949

Amount of Each Receipt this Period

39.77

**C.**

Full Name (Last, First, Middle Initial)

DOLORES M JOSSUND

Mailing Address 4242 W. HARRINGTON LANE

City

CHICAGO

State

IL

Zip Code

60646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.93

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799570

Amount of Each Receipt this Period

39.77

**SUBTOTAL** of Receipts This Page (optional) .....

112.39

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JEFF L KAUFMAN

Mailing Address 5271 SERENE VIEW WAY

City

PARKER

State

CO

Zip Code

80134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-714113

Amount of Each Receipt this Period

83.08

**B.**

Full Name (Last, First, Middle Initial)

JEFF L KAUFMAN

Mailing Address 5271 SERENE VIEW WAY

City

PARKER

State

CO

Zip Code

80134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799732

Amount of Each Receipt this Period

83.08

**C.**

Full Name (Last, First, Middle Initial)

TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City

PALATINE

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President &amp; General

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713959

Amount of Each Receipt this Period

82.25

SUBTOTAL of Receipts This Page (optional) .....

248.41

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City State Zip Code  
PALATINE IL 60067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President & General

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

732.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799580

Amount of Each Receipt this Period

82.25

**B.**

Full Name (Last, First, Middle Initial)  
DARON K KERSTEN

Mailing Address 548 TIMBER RIDGE DR

City State Zip Code  
LONGWOOD FL 32779

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799456

Amount of Each Receipt this Period

23.54

**C.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER R KIAH

Mailing Address 1975 ROSE TERRACE

City State Zip Code  
RIVERWOODS IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713731

Amount of Each Receipt this Period

44.84

**SUBTOTAL** of Receipts This Page (optional) .....

150.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER R KIAH

Mailing Address 1975 ROSE TERRACE

City State Zip Code  
RIVERWOODS IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.96

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799353

Amount of Each Receipt this Period

44.84

**B.**

Full Name (Last, First, Middle Initial)  
CURTIS L KIBLER

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code  
BARTLETT IL 60103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.75

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713892

Amount of Each Receipt this Period

38.75

**C.**

Full Name (Last, First, Middle Initial)  
CURTIS L KIBLER

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code  
BARTLETT IL 60103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799513

Amount of Each Receipt this Period

38.75

**SUBTOTAL** of Receipts This Page (optional) .....

122.34

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PAUL N KIERIG

Mailing Address 200 OXFORD RD

City

Tower Lakes

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &amp;

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

223.09

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799564

Amount of Each Receipt this Period

25.16

**B.**

Full Name (Last, First, Middle Initial)

JAMES P KING

Mailing Address 592 TURNER AVENUE

City

GLEN ELLYN

State

IL

Zip Code

60137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

287.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

Transaction ID: A2008-714018

Amount of Each Receipt this Period

36.55

**C.**

Full Name (Last, First, Middle Initial)

JAMES P KING

Mailing Address 592 TURNER AVENUE

City

GLEN ELLYN

State

IL

Zip Code

60137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

323.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799638

Amount of Each Receipt this Period

36.55

SUBTOTAL of Receipts This Page (optional) .....

98.26

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY D KNIPP

Mailing Address 2050 GLENDALE AVE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.21

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714094

Amount of Each Receipt this Period

29.87

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY D KNIPP

Mailing Address 2050 GLENDALE AVE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.08

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799713

Amount of Each Receipt this Period

29.87

**C.**

Full Name (Last, First, Middle Initial)

GARY L KOCHANKEK

Mailing Address 743 CARDIGAN CT

City

NAPERVILLE

State

IL

Zip Code

60565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.60

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713899

Amount of Each Receipt this Period

32.70

**SUBTOTAL** of Receipts This Page (optional) .....

92.44

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

GARY L KOCHANER

Mailing Address 743 CARDIGAN CT

City

NAPERVILLE

State

IL

Zip Code

60565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.30

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799520

Amount of Each Receipt this Period

32.70

**B.**

Full Name (Last, First, Middle Initial)

JOANNE L KRON

Mailing Address 341 N FIORE PARKWAY

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.88

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713894

Amount of Each Receipt this Period

39.77

**C.**

Full Name (Last, First, Middle Initial)

JOANNE L KRON

Mailing Address 341 N FIORE PARKWAY

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.65

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799515

Amount of Each Receipt this Period

39.77

**SUBTOTAL** of Receipts This Page (optional) .....

112.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL A LA MONICA

Mailing Address 22401 BROOKSIDE WAY

City

LAKE BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.37

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713947

Amount of Each Receipt this Period

68.64

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL A LA MONICA

Mailing Address 22401 BROOKSIDE WAY

City

LAKE BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

611.01

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799568

Amount of Each Receipt this Period

68.64

**C.**

Full Name (Last, First, Middle Initial)

ANTHONY LASKA

Mailing Address 2707 SKYLINE DRIVE

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.13

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713751

Amount of Each Receipt this Period

46.51

**SUBTOTAL** of Receipts This Page (optional) .....

183.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANTHONY LASKA

Mailing Address 2707 SKYLINE DRIVE

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.64

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799373

Amount of Each Receipt this Period

46.51

**B.**

Full Name (Last, First, Middle Initial)

PHILLIP E LAWSON

Mailing Address 900 PARK AVENUE NORTH

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.08

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714101

Amount of Each Receipt this Period

75.96

**C.**

Full Name (Last, First, Middle Initial)

PHILLIP E LAWSON

Mailing Address 900 PARK AVENUE NORTH

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

669.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799720

Amount of Each Receipt this Period

75.96

**SUBTOTAL** of Receipts This Page (optional) .....

198.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
CATHY A LAZAROFF

Mailing Address 910 S MICHIGAN AVE #1503

City State Zip Code  
CHICAGO IL 60605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.01

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713738

Amount of Each Receipt this Period

58.72

**B.**

Full Name (Last, First, Middle Initial)  
CATHY A LAZAROFF

Mailing Address 910 S MICHIGAN AVE #1503

City State Zip Code  
CHICAGO IL 60605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.73

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799360

Amount of Each Receipt this Period

58.72

**C.**

Full Name (Last, First, Middle Initial)  
MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City State Zip Code  
BELLEVUE WA 98004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.62

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714143

Amount of Each Receipt this Period

60.79

**SUBTOTAL** of Receipts This Page (optional) .....

178.23

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City

BELLEVUE

State

WA

Zip Code

98004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799762

Amount of Each Receipt this Period

60.79

**B.**

Full Name (Last, First, Middle Initial)

SUSAN L LEES

Mailing Address 1705 DARTMOUTH LN

City

DEERFIELD

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &amp;

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.09

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713730

Amount of Each Receipt this Period

25.78

**C.**

Full Name (Last, First, Middle Initial)

SUSAN L LEES

Mailing Address 1705 DARTMOUTH LN

City

DEERFIELD

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &amp;

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.87

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799352

Amount of Each Receipt this Period

25.78

SUBTOTAL of Receipts This Page (optional) .....

112.35

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANDREW P LEIGHT

Mailing Address 25658 N ARROWHEAD

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.52

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713904

Amount of Each Receipt this Period

32.69

**B.**

Full Name (Last, First, Middle Initial)

ANDREW P LEIGHT

Mailing Address 25658 N ARROWHEAD

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.21

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799525

Amount of Each Receipt this Period

32.69

**C.**

Full Name (Last, First, Middle Initial)

TERESA G LOGUE

Mailing Address 7187 PRESIDENTIAL DRIVE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Direct Response

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799546

Amount of Each Receipt this Period

23.34

**SUBTOTAL** of Receipts This Page (optional) .....

88.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER T LONGEWAY

Mailing Address 1134 W. PATTERSON #1

City

CHICAGO

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713958

Amount of Each Receipt this Period

29.17

**B.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER T LONGEWAY

Mailing Address 1134 W. PATTERSON #1

City

CHICAGO

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.93

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799579

Amount of Each Receipt this Period

29.17

**C.**

Full Name (Last, First, Middle Initial)

JOHN C LOUNDS

Mailing Address 4424 STONEHAVEN

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Product AF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.81

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714041

Amount of Each Receipt this Period

37.92

**SUBTOTAL** of Receipts This Page (optional) .....

96.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

JOHN C LOUNDS

Mailing Address 4424 STONEHAVEN

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Product AF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.73

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799661

Amount of Each Receipt this Period

37.92

B.

Full Name (Last, First, Middle Initial)

BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST. APT. 504

City

CHICAGO

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.78

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714002

Amount of Each Receipt this Period

31.86

C.

Full Name (Last, First, Middle Initial)

BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST. APT. 504

City

CHICAGO

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.64

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799622

Amount of Each Receipt this Period

31.86

SUBTOTAL of Receipts This Page (optional) .....

101.64

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
DANIEL J MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code  
CASTLE ROCK CO 80104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.28

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714051

Amount of Each Receipt this Period

28.81

**B.**

Full Name (Last, First, Middle Initial)  
DANIEL J MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code  
CASTLE ROCK CO 80104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Distribution Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.09

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799671

Amount of Each Receipt this Period

28.81

**C.**

Full Name (Last, First, Middle Initial)  
MORRIS A MADURO

Mailing Address PO BOX 4343

City State Zip Code  
NAPERVILLE IL 60567

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713750

Amount of Each Receipt this Period

39.77

**SUBTOTAL** of Receipts This Page (optional) .....

97.39

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**Full Name (Last, First, Middle Initial)  
MORRIS A MADURO

Mailing Address PO BOX 4343

City	State	Zip Code
NAPERVILLE	IL	60567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799372

Amount of Each Receipt this Period

39.77

**B.**Full Name (Last, First, Middle Initial)  
FELIX A MANTILLA

Mailing Address 28601 N. Sky Crest Drive

City	State	Zip Code
Ivanhoe	IL	60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

Transaction ID: A2008-714053

Amount of Each Receipt this Period

48.52

**C.**Full Name (Last, First, Middle Initial)  
FELIX A MANTILLA

Mailing Address 28601 N. Sky Crest Drive

City	State	Zip Code
Ivanhoe	IL	60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799673

Amount of Each Receipt this Period

48.52

SUBTOTAL of Receipts This Page (optional) .....

136.81

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL P MARK

Mailing Address 3178 HAVEN LANE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713979

Amount of Each Receipt this Period

37.67

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL P MARK

Mailing Address 3178 HAVEN LANE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799600

Amount of Each Receipt this Period

37.67

**C.**

Full Name (Last, First, Middle Initial)

MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City

BARRINGTON HILL

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.46

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713987

Amount of Each Receipt this Period

77.72

**SUBTOTAL** of Receipts This Page (optional) .....

153.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City

BARRINGTON HILL

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.18

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799608

Amount of Each Receipt this Period

77.72

**B.**

Full Name (Last, First, Middle Initial)

JOHN A MC LAUGHLIN

Mailing Address 25748 N. Stoney Kirk Ct.

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.08

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713934

Amount of Each Receipt this Period

39.76

**C.**

Full Name (Last, First, Middle Initial)

JOHN A MC LAUGHLIN

Mailing Address 25748 N. Stoney Kirk Ct.

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.84

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799555

Amount of Each Receipt this Period

39.76

**SUBTOTAL** of Receipts This Page (optional) .....

157.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
EVA M MCINTEE

Mailing Address 28 MANCERA

City State Zip Code  
RANCHO SANTA MA CA 92688

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714117

Amount of Each Receipt this Period

31.60

**B.**

Full Name (Last, First, Middle Initial)  
EVA M MCINTEE

Mailing Address 28 MANCERA

City State Zip Code  
RANCHO SANTA MA CA 92688

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799736

Amount of Each Receipt this Period

31.60

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL MCKINNEY

Mailing Address 1207 DEVENS DRIVE

City State Zip Code  
BRENTWOOD TN 37027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.13

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713811

Amount of Each Receipt this Period

49.96

**SUBTOTAL** of Receipts This Page (optional) .....

113.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL MCKINNEY

Mailing Address 1207 DEVENS DRIVE

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.09

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799433

Amount of Each Receipt this Period

49.96

**B.**

Full Name (Last, First, Middle Initial)

GARY A MELLINI

Mailing Address 21050 PRESTWICK DRIVE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.27

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713745

Amount of Each Receipt this Period

33.64

**C.**

Full Name (Last, First, Middle Initial)

GARY A MELLINI

Mailing Address 21050 PRESTWICK DRIVE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.91

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799367

Amount of Each Receipt this Period

33.64

**SUBTOTAL** of Receipts This Page (optional) .....

117.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JANE M MELLON

Mailing Address 184 GARFIELD

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.62

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713915

Amount of Each Receipt this Period

39.77

**B.**

Full Name (Last, First, Middle Initial)

JANE M MELLON

Mailing Address 184 GARFIELD

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.39

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799536

Amount of Each Receipt this Period

39.77

**C.**

Full Name (Last, First, Middle Initial)

FREDERICK J MILLER

Mailing Address 6975 MEADOW POINT TER

City

NEW MARKET

State

MD

Zip Code

21774

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Market Distribution Leade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.60

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799486

Amount of Each Receipt this Period

25.70

**SUBTOTAL** of Receipts This Page (optional) .....

105.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
CHRISTINE K MINER

Mailing Address 25264 MCINTYRE SQUARE

City State Zip Code  
SOUTH RIDING VA 20152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.41

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713839

Amount of Each Receipt this Period

26.62

**B.**

Full Name (Last, First, Middle Initial)  
CHRISTINE K MINER

Mailing Address 25264 MCINTYRE SQUARE

City State Zip Code  
SOUTH RIDING VA 20152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.03

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799461

Amount of Each Receipt this Period

26.62

**C.**

Full Name (Last, First, Middle Initial)  
LAWRENCE P MOEWS

Mailing Address 740 W. JENNIFER CT.

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Investor R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.72

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713907

Amount of Each Receipt this Period

50.89

**SUBTOTAL** of Receipts This Page (optional) .....

104.13

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
LAWRENCE P MOEWS

Mailing Address 740 W. JENNIFER CT.

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Investor R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.61

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799528

Amount of Each Receipt this Period

50.89

**B.**

Full Name (Last, First, Middle Initial)  
EDWARD J MORAN

Mailing Address 131 ADELAIDE UNIT 406

City State Zip Code  
ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.17

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713801

Amount of Each Receipt this Period

50.34

**C.**

Full Name (Last, First, Middle Initial)  
EDWARD J MORAN

Mailing Address 131 ADELAIDE UNIT 406

City State Zip Code  
ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.51

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799423

Amount of Each Receipt this Period

50.34

**SUBTOTAL** of Receipts This Page (optional) .....

151.57

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KAREN S MORRIS

Mailing Address 27707 LA VISTA DRIVE

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

354.08

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714006

Amount of Each Receipt this Period

39.76

**B.**

Full Name (Last, First, Middle Initial)

KAREN S MORRIS

Mailing Address 27707 LA VISTA DRIVE

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

393.84

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799626

Amount of Each Receipt this Period

39.76

**C.**

Full Name (Last, First, Middle Initial)

LARRY E MOSER

Mailing Address 611 W. BURNING TREE LANE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sales Operations Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

226.80

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713914

Amount of Each Receipt this Period

28.35

**SUBTOTAL** of Receipts This Page (optional) .....

107.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

LARRY E MOSER

Mailing Address 611 W. BURNING TREE LANE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sales Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799535

Amount of Each Receipt this Period

28.35

**B.**

Full Name (Last, First, Middle Initial)

MEGHAN O MULVIHILL

Mailing Address 2445 CHERRY LANE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713808

Amount of Each Receipt this Period

32.15

**C.**

Full Name (Last, First, Middle Initial)

MEGHAN O MULVIHILL

Mailing Address 2445 CHERRY LANE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799430

Amount of Each Receipt this Period

32.15

**SUBTOTAL** of Receipts This Page (optional) .....

92.65

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL F MULVIHILL

Mailing Address 2445 CHERRY LANE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

Transaction ID: A2008-713900

Amount of Each Receipt this Period

38.13

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL F MULVIHILL

Mailing Address 2445 CHERRY LANE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799521

Amount of Each Receipt this Period

38.13

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL A MURPHY

Mailing Address 233 WOOD CREEK ROAD #305

City

WHEELING

State

IL

Zip Code

60090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

Transaction ID: A2008-714085

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional) .....

116.03

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL A MURPHY

Mailing Address 233 WOOD CREEK ROAD #305

City

WHEELING

State

IL

Zip Code

60090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

357.88

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799704

Amount of Each Receipt this Period

39.77

**B.**

Full Name (Last, First, Middle Initial)

DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

394.86

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714025

Amount of Each Receipt this Period

50.72

**C.**

Full Name (Last, First, Middle Initial)

DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

445.58

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799645

Amount of Each Receipt this Period

50.72

**SUBTOTAL** of Receipts This Page (optional) .....

141.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

BRIAN J NAGEL

Mailing Address 1211 AIMTREE

City

SCHAUMBURG

State

IL

Zip Code

60194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.90

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713929

Amount of Each Receipt this Period

37.95

**B.**

Full Name (Last, First, Middle Initial)

BRIAN J NAGEL

Mailing Address 1211 AIMTREE

City

SCHAUMBURG

State

IL

Zip Code

60194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.85

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799550

Amount of Each Receipt this Period

37.95

**C.**

Full Name (Last, First, Middle Initial)

DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.10

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713886

Amount of Each Receipt this Period

113.70

**SUBTOTAL** of Receipts This Page (optional) .....

189.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

998.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799507

Amount of Each Receipt this Period

113.70

**B.**

Full Name (Last, First, Middle Initial)

PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City

DEER PARK

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799705

Amount of Each Receipt this Period

24.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS R NORTON

Mailing Address 1423 PIONEER COURT

City

WAUKEGAN

State

IL

Zip Code

60085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Senior Man

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.46

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714019

Amount of Each Receipt this Period

30.32

**SUBTOTAL** of Receipts This Page (optional) .....

168.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

THOMAS R NORTON

Mailing Address 1423 PIONEER COURT

City

WAUKEGAN

State

IL

Zip Code

60085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Senior Man

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.78

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799639

Amount of Each Receipt this Period

30.32

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City

NAPERVILLE

State

IL

Zip Code

60565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Agency Consulting Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.77

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713765

Amount of Each Receipt this Period

29.09

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City

NAPERVILLE

State

IL

Zip Code

60565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Agency Consulting Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.86

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799387

Amount of Each Receipt this Period

29.09

**SUBTOTAL** of Receipts This Page (optional) .....

88.50

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ROGER D ODLE II

Mailing Address 5170 BARCROFT DRIVE

City

HOFFMAN ESTATES

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713993

Amount of Each Receipt this Period

38.89

**B.**

Full Name (Last, First, Middle Initial)

ROGER D ODLE II

Mailing Address 5170 BARCROFT DRIVE

City

HOFFMAN ESTATES

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

339.01

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799614

Amount of Each Receipt this Period

38.89

**C.**

Full Name (Last, First, Middle Initial)

KATHY A OLCESE

Mailing Address 35 YORK ST

City

HUDSON

State

OH

Zip Code

44236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Risk Management Busin

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

215.78

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799488

Amount of Each Receipt this Period

24.37

**SUBTOTAL** of Receipts This Page (optional) .....

102.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

CRAIG A OLDHAM

Mailing Address 2606 N Paulina ST

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.22

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714060

Amount of Each Receipt this Period

35.04

**B.**

Full Name (Last, First, Middle Initial)

CRAIG A OLDHAM

Mailing Address 2606 N Paulina ST

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.26

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799679

Amount of Each Receipt this Period

35.04

**C.**

Full Name (Last, First, Middle Initial)

JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Procurement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714076

Amount of Each Receipt this Period

67.20

**SUBTOTAL** of Receipts This Page (optional) .....

137.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 99 / 171

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Procurement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.28

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799695

Amount of Each Receipt this Period

67.20

**B.**

Full Name (Last, First, Middle Initial)

PAMELA J OVERTON

Mailing Address 9352 ANSLEY LANE

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713845

Amount of Each Receipt this Period

37.58

**C.**

Full Name (Last, First, Middle Initial)

PAMELA J OVERTON

Mailing Address 9352 ANSLEY LANE

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.27

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799467

Amount of Each Receipt this Period

37.58

**SUBTOTAL** of Receipts This Page (optional) .....

142.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ALAN D PAGE

Mailing Address 13530 LUCKY LAKE DRIVE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP-Agency Distribution

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.94

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714137

Amount of Each Receipt this Period

37.73

**B.**

Full Name (Last, First, Middle Initial)

ALAN D PAGE

Mailing Address 13530 LUCKY LAKE DRIVE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP-Agency Distribution

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.67

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799756

Amount of Each Receipt this Period

37.73

**C.**

Full Name (Last, First, Middle Initial)

DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City

EDGEWATER

State

MD

Zip Code

21037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.51

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713803

Amount of Each Receipt this Period

39.77

**SUBTOTAL** of Receipts This Page (optional) .....

115.23

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City

EDGEWATER

State

MD

Zip Code

21037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799425

Amount of Each Receipt this Period

39.77

**B.**

Full Name (Last, First, Middle Initial)

ROBERT L PARK

Mailing Address 1107 BONITA DRIVE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Public Relations Mana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

Transaction ID: A2008-713994

Amount of Each Receipt this Period

53.82

**C.**

Full Name (Last, First, Middle Initial)

ROBERT L PARK

Mailing Address 1107 BONITA DRIVE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Public Relations Mana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799615

Amount of Each Receipt this Period

53.82

SUBTOTAL of Receipts This Page (optional) .....

147.41

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ROGER D PARKER

Mailing Address 1305 N MAIDSTONE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-714134

Amount of Each Receipt this Period

49.69

**B.**

Full Name (Last, First, Middle Initial)

ROGER D PARKER

Mailing Address 1305 N MAIDSTONE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799753

Amount of Each Receipt this Period

49.69

**C.**

Full Name (Last, First, Middle Initial)

MAYUR M PATEL

Mailing Address 742 E PARKVIEW CT

City

ROSELLE

State

IL

Zip Code

60172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713931

Amount of Each Receipt this Period

31.24

SUBTOTAL of Receipts This Page (optional) .....

130.62

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MAYUR M PATEL

Mailing Address 742 E PARKVIEW CT

City

ROSELLE

State

IL

Zip Code

60172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.61

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799552

Amount of Each Receipt this Period

31.24

**B.**

Full Name (Last, First, Middle Initial)

CHARLES PAUL

Mailing Address 301 CAMELOT LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President PCCSO Stra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.90

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713790

Amount of Each Receipt this Period

74.40

**C.**

Full Name (Last, First, Middle Initial)

CHARLES PAUL

Mailing Address 301 CAMELOT LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President PCCSO Stra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.30

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799412

Amount of Each Receipt this Period

74.40

**SUBTOTAL** of Receipts This Page (optional) .....

180.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

RONALD J PEPPING

Mailing Address 934 LEWIS PLACE

City

GENEVA

State

IL

Zip Code

60134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Ivantage Financial Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.33

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713970

Amount of Each Receipt this Period

30.16

**B.**

Full Name (Last, First, Middle Initial)

RONALD J PEPPING

Mailing Address 934 LEWIS PLACE

City

GENEVA

State

IL

Zip Code

60134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Ivantage Financial Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.49

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799591

Amount of Each Receipt this Period

30.16

**C.**

Full Name (Last, First, Middle Initial)

FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.83

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713756

Amount of Each Receipt this Period

49.56

**SUBTOTAL** of Receipts This Page (optional) .....

109.88

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.39

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799378

Amount of Each Receipt this Period

49.56

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Peterson

Mailing Address 2756 Breckenridge Lane

City State Zip Code  
Naperville IL 60565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.80

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714150

Amount of Each Receipt this Period

30.60

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Peterson

Mailing Address 2756 Breckenridge Lane

City State Zip Code  
Naperville IL 60565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.40

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799769

Amount of Each Receipt this Period

30.60

**SUBTOTAL** of Receipts This Page (optional) .....

110.76

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**Full Name (Last, First, Middle Initial)  
STEVEN A PETTI

Mailing Address 580 SALCEDA DR

City	State	Zip Code
MUNDELEIN	IL	60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713755

Amount of Each Receipt this Period

50.31

**B.**Full Name (Last, First, Middle Initial)  
STEVEN A PETTI

Mailing Address 580 SALCEDA DR

City	State	Zip Code
MUNDELEIN	IL	60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799377

Amount of Each Receipt this Period

50.31

**C.**Full Name (Last, First, Middle Initial)  
JOHN C PINTOZZI

Mailing Address 2116 W CHURCHILL ST

City	State	Zip Code
CHICAGO	IL	60647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Vice President Finance -

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713885

Amount of Each Receipt this Period

69.45

SUBTOTAL of Receipts This Page (optional) .....

170.07

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOHN C PINTOZZI

Mailing Address 2116 W CHURCHILL ST

City

CHICAGO

State

IL

Zip Code

60647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Finance -

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

605.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799506

Amount of Each Receipt this Period

69.45

**B.**

Full Name (Last, First, Middle Initial)

DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Regional Distribution Lea

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

319.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

Transaction ID: A2008-713748

Amount of Each Receipt this Period

40.90

**C.**

Full Name (Last, First, Middle Initial)

DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Regional Distribution Lea

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799370

Amount of Each Receipt this Period

40.90

SUBTOTAL of Receipts This Page (optional) .....

151.25

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
MARTIN PRZYGODA

Mailing Address 17516 KATIE COURT

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Finance and Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.36

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713897

Amount of Each Receipt this Period

28.27

**B.**

Full Name (Last, First, Middle Initial)  
MARTIN PRZYGODA

Mailing Address 17516 KATIE COURT

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Finance and Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.63

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799518

Amount of Each Receipt this Period

28.27

**C.**

Full Name (Last, First, Middle Initial)  
JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City State Zip Code  
ARLINGTON HGTS IL 60005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.64

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714144

Amount of Each Receipt this Period

30.78

**SUBTOTAL** of Receipts This Page (optional) .....

87.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City

ARLINGTON HGTS

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.42

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799763

Amount of Each Receipt this Period

30.78

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH P RATH

Mailing Address 359 STAFFORD COURT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.24

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713856

Amount of Each Receipt this Period

58.13

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH P RATH

Mailing Address 359 STAFFORD COURT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.37

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799477

Amount of Each Receipt this Period

58.13

**SUBTOTAL** of Receipts This Page (optional) .....

147.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOHN B REARDON

Mailing Address 441 KELLY LANE

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713734

Amount of Each Receipt this Period

43.60

**B.**

Full Name (Last, First, Middle Initial)

JOHN B REARDON

Mailing Address 441 KELLY LANE

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799356

Amount of Each Receipt this Period

43.60

**C.**

Full Name (Last, First, Middle Initial)

KEVIN P RICE

Mailing Address 703 ETON COURT

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.49

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713941

Amount of Each Receipt this Period

36.18

**SUBTOTAL** of Receipts This Page (optional) .....

123.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KEVIN P RICE

Mailing Address 703 ETON COURT

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Senior Planning Con

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.67

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799562

Amount of Each Receipt this Period

36.18

**B.**

Full Name (Last, First, Middle Initial)

BRIAN R RICHARD

Mailing Address 37 JOSEPH PLACE

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Market Distribution Leade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.10

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799349

Amount of Each Receipt this Period

25.10

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH J RICHARDSON

Mailing Address 1411 PARSONS LANE

City

LOWER GWYNEDD

State

PA

Zip Code

19002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713793

Amount of Each Receipt this Period

72.35

**SUBTOTAL** of Receipts This Page (optional) .....

133.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH J RICHARDSON

Mailing Address 1411 PARSONS LANE

City

LOWER GWYNEDD

State

PA

Zip Code

19002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.55

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799415

Amount of Each Receipt this Period

72.35

**B.**

Full Name (Last, First, Middle Initial)

ROBIN R RICHMOND

Mailing Address 9 HAWTHORN GROVE CIRCLE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.63

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714015

Amount of Each Receipt this Period

26.31

**C.**

Full Name (Last, First, Middle Initial)

ROBIN R RICHMOND

Mailing Address 9 HAWTHORN GROVE CIRCLE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.94

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799635

Amount of Each Receipt this Period

26.31

**SUBTOTAL** of Receipts This Page (optional) .....

124.97

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANDREW T RIEDER

Mailing Address 7 ONEIDA LANE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Homeowner Initiative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.59

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713797

Amount of Each Receipt this Period

48.58

**B.**

Full Name (Last, First, Middle Initial)

ANDREW T RIEDER

Mailing Address 7 ONEIDA LANE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Homeowner Initiative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.17

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799419

Amount of Each Receipt this Period

48.58

**C.**

Full Name (Last, First, Middle Initial)

DANIEL J RIVERA

Mailing Address 1632 OLD BARN CIRCLE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

661.73

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714081

Amount of Each Receipt this Period

85.96

**SUBTOTAL** of Receipts This Page (optional) .....

183.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DANIEL J RIVERA

Mailing Address 1632 OLD BARN CIRCLE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.69

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799700

Amount of Each Receipt this Period

85.96

**B.**

Full Name (Last, First, Middle Initial)

MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City

OAK LAWN

State

IL

Zip Code

60453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713945

Amount of Each Receipt this Period

44.55

**C.**

Full Name (Last, First, Middle Initial)

MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City

OAK LAWN

State

IL

Zip Code

60453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.25

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799566

Amount of Each Receipt this Period

44.55

**SUBTOTAL** of Receipts This Page (optional) .....

175.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

CLAY F ROBERTS

Mailing Address 3075 Sanders Road Suite G2E

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.33

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714135

Amount of Each Receipt this Period

35.56

**B.**

Full Name (Last, First, Middle Initial)

CLAY F ROBERTS

Mailing Address 3075 Sanders Road Suite G2E

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.89

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799754

Amount of Each Receipt this Period

35.56

**C.**

Full Name (Last, First, Middle Initial)

TED ROBERTS

Mailing Address 811 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Financial Services Consul

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.46

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714100

Amount of Each Receipt this Period

29.72

**SUBTOTAL** of Receipts This Page (optional) .....

100.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

TED ROBERTS

Mailing Address 811 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Financial Services Consul

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.18

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799719

Amount of Each Receipt this Period

29.72

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City

AURORA

State

IL

Zip Code

60506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP-PROTECTION TECH & ADM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

762.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713960

Amount of Each Receipt this Period

97.68

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City

AURORA

State

IL

Zip Code

60506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP-PROTECTION TECH & ADM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.32

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799581

Amount of Each Receipt this Period

97.68

**SUBTOTAL** of Receipts This Page (optional) .....

225.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

GREGORY C ROHLFING

Mailing Address 106 ASHLAND

City

RIVER FOREST

State

IL

Zip Code

60305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.16

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713880

Amount of Each Receipt this Period

39.77

**B.**

Full Name (Last, First, Middle Initial)

GREGORY C ROHLFING

Mailing Address 106 ASHLAND

City

RIVER FOREST

State

IL

Zip Code

60305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.93

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799501

Amount of Each Receipt this Period

39.77

**C.**

Full Name (Last, First, Middle Initial)

DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City

HINSDALE

State

IL

Zip Code

60521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.26

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713954

Amount of Each Receipt this Period

32.40

**SUBTOTAL** of Receipts This Page (optional) .....

111.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
DONNA J ROSEMEYER

Mailing Address 810 S THURLOW STREET

City State Zip Code  
HINSDALE IL 60521

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.66

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799575

Amount of Each Receipt this Period

32.40

**B.**

Full Name (Last, First, Middle Initial)  
GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City State Zip Code  
LINCOLNSHIRE IL 60069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
SVP-P-CCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.84

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714011

Amount of Each Receipt this Period

144.23

**C.**

Full Name (Last, First, Middle Initial)  
GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City State Zip Code  
LINCOLNSHIRE IL 60069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
SVP-P-CCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1298.07

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799631

Amount of Each Receipt this Period

144.23

**SUBTOTAL** of Receipts This Page (optional) .....

320.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.54

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713878

Amount of Each Receipt this Period

19.88

B.

Full Name (Last, First, Middle Initial)

PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.42

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799499

Amount of Each Receipt this Period

19.88

C.

Full Name (Last, First, Middle Initial)

MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Asset Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.52

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799479

Amount of Each Receipt this Period

28.85

SUBTOTAL of Receipts This Page (optional) .....

68.61

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PATRICK J SCHNEIDER

Mailing Address 210 NORTH TRAIL

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.19

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713997

Amount of Each Receipt this Period

29.78

**B.**

Full Name (Last, First, Middle Initial)

PATRICK J SCHNEIDER

Mailing Address 210 NORTH TRAIL

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.97

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799618

Amount of Each Receipt this Period

29.78

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP HR Shared Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.52

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713784

Amount of Each Receipt this Period

52.89

**SUBTOTAL** of Receipts This Page (optional) .....

112.45

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP HR Shared Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.41

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799406

Amount of Each Receipt this Period

52.89

**B.**

Full Name (Last, First, Middle Initial)

DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.42

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799547

Amount of Each Receipt this Period

24.13

**C.**

Full Name (Last, First, Middle Initial)

DAVID J SCHWARTZER

Mailing Address 1911 205TH PL NE

City

SAMMAMISH

State

WA

Zip Code

98074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.99

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714050

Amount of Each Receipt this Period

47.08

**SUBTOTAL** of Receipts This Page (optional) .....

124.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
DAVID J SCHWARTZER

Mailing Address 1911 205TH PL NE

City State Zip Code  
SAMMAMISH WA 98074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.07

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799670

Amount of Each Receipt this Period

47.08

**B.**

Full Name (Last, First, Middle Initial)  
DANNY R SELLERS

Mailing Address 5903 87TH ST

City State Zip Code  
LUBBOCK TX 79424

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799698

Amount of Each Receipt this Period

24.10

**C.**

Full Name (Last, First, Middle Initial)  
STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.73

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713986

Amount of Each Receipt this Period

35.81

**SUBTOTAL** of Receipts This Page (optional) .....

106.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.54

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799607

Amount of Each Receipt this Period

35.81

**B.**

Full Name (Last, First, Middle Initial)

STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City

WHEATON

State

IL

Zip Code

60187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Property/C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.37

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713953

Amount of Each Receipt this Period

81.89

**C.**

Full Name (Last, First, Middle Initial)

STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City

WHEATON

State

IL

Zip Code

60187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Property/C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

721.26

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799574

Amount of Each Receipt this Period

81.89

**SUBTOTAL** of Receipts This Page (optional) .....

199.59

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
ROBERT L SIMMONS

Mailing Address 418 DEUCE DRIVE

City State Zip Code  
WALL NJ 07719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.14

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713775

Amount of Each Receipt this Period

29.43

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT L SIMMONS

Mailing Address 418 DEUCE DRIVE

City State Zip Code  
WALL NJ 07719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.57

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799397

Amount of Each Receipt this Period

29.43

**C.**

Full Name (Last, First, Middle Initial)  
KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City State Zip Code  
BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.68

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714106

Amount of Each Receipt this Period

37.16

**SUBTOTAL** of Receipts This Page (optional) .....

96.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799725

Amount of Each Receipt this Period

37.16

**B.**

Full Name (Last, First, Middle Initial)

ANNE E SIMPSON

Mailing Address 632 ONWENTSIA AVENUE

City

HIGHLAND PARK

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Tax Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713883

Amount of Each Receipt this Period

26.51

**C.**

Full Name (Last, First, Middle Initial)

ANNE E SIMPSON

Mailing Address 632 ONWENTSIA AVENUE

City

HIGHLAND PARK

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Tax Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.59

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799504

Amount of Each Receipt this Period

26.51

**SUBTOTAL** of Receipts This Page (optional) .....

90.18

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KEVIN R SLAWIN

Mailing Address 1316 CRESTWOOD DRIVE

City	State	Zip Code
NORTHBROOK	IL	60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
VP AF Admin Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713995

Amount of Each Receipt this Period

41.00

**B.**

Full Name (Last, First, Middle Initial)

KEVIN R SLAWIN

Mailing Address 1316 CRESTWOOD DRIVE

City	State	Zip Code
NORTHBROOK	IL	60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
VP AF Admin Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799616

Amount of Each Receipt this Period

41.00

**C.**

Full Name (Last, First, Middle Initial)

KIMBERLY J SLOANE

Mailing Address 378 N. VISTA AVE

City	State	Zip Code
LOMBARD	IL	60148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Claim Reserve Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713975

Amount of Each Receipt this Period

39.77

SUBTOTAL of Receipts This Page (optional) .....

121.77

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KIMBERLY J SLOANE

Mailing Address 378 N. VISTA AVE

City

LOMBARD

State

IL

Zip Code

60148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Reserve Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.83

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799596

Amount of Each Receipt this Period

39.77

**B.**

Full Name (Last, First, Middle Initial)

CHARLES M SMITH

Mailing Address 414 E. Burr Oak Dr.

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.32

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714055

Amount of Each Receipt this Period

33.04

**C.**

Full Name (Last, First, Middle Initial)

CHARLES M SMITH

Mailing Address 414 E. Burr Oak Dr.

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.36

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799675

Amount of Each Receipt this Period

33.04

**SUBTOTAL** of Receipts This Page (optional) .....

105.85

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ELIAS SMITH

Mailing Address 2751 SW BEAR PAW TRAIL

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Market Distribution Leade

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.81

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799402

Amount of Each Receipt this Period

23.14

**B.**

Full Name (Last, First, Middle Initial)

J E SMITH

Mailing Address 310 WHITMORE LANE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Distribution and Chann

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.13

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713956

Amount of Each Receipt this Period

61.11

**C.**

Full Name (Last, First, Middle Initial)

J E SMITH

Mailing Address 310 WHITMORE LANE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Distribution and Chann

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.24

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799577

Amount of Each Receipt this Period

61.11

SUBTOTAL of Receipts This Page (optional) .....

145.36

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City

Scottsdale

State

AZ

Zip Code

85262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-714095

Amount of Each Receipt this Period

29.90

**B.**

Full Name (Last, First, Middle Initial)

RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City

Scottsdale

State

AZ

Zip Code

85262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799714

Amount of Each Receipt this Period

29.90

**C.**

Full Name (Last, First, Middle Initial)

STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
VP-Agency Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-714042

Amount of Each Receipt this Period

78.17

SUBTOTAL of Receipts This Page (optional) .....

137.97

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City State Zip Code  
KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP-Agency Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.48

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799662

Amount of Each Receipt this Period

78.17

**B.**

Full Name (Last, First, Middle Initial)  
KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City State Zip Code  
GLENVIEW IL 60026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Account Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.21

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714017

Amount of Each Receipt this Period

31.92

**C.**

Full Name (Last, First, Middle Initial)  
KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City State Zip Code  
GLENVIEW IL 60026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Account Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.13

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799637

Amount of Each Receipt this Period

31.92

**SUBTOTAL** of Receipts This Page (optional) .....

142.01

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.43

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713800

Amount of Each Receipt this Period

36.26

**B.**

Full Name (Last, First, Middle Initial)

EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799422

Amount of Each Receipt this Period

36.26

**C.**

Full Name (Last, First, Middle Initial)

JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City

N. BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &amp;

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-714010

Amount of Each Receipt this Period

27.52

SUBTOTAL of Receipts This Page (optional) .....

100.04

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City

N. BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &amp;

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799630

Amount of Each Receipt this Period

27.52

**B.**

Full Name (Last, First, Middle Initial)

MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.21

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

Transaction ID: A2008-713861

Amount of Each Receipt this Period

44.37

**C.**

Full Name (Last, First, Middle Initial)

MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799482

Amount of Each Receipt this Period

44.37

SUBTOTAL of Receipts This Page (optional) .....

116.26

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

EMORY D STEPHENS JR

Mailing Address 4711 N WOLCOTT AVE

City

CHICAGO

State

IL

Zip Code

60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.32

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713825

Amount of Each Receipt this Period

39.89

**B.**

Full Name (Last, First, Middle Initial)

EMORY D STEPHENS JR

Mailing Address 4711 N WOLCOTT AVE

City

CHICAGO

State

IL

Zip Code

60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.21

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799447

Amount of Each Receipt this Period

39.89

**C.**

Full Name (Last, First, Middle Initial)

GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City

ATLANTIC BEACH

State

FL

Zip Code

32233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713836

Amount of Each Receipt this Period

39.00

**SUBTOTAL** of Receipts This Page (optional) .....

118.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City

ATLANTIC BEACH

State

FL

Zip Code

32233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799458

Amount of Each Receipt this Period

39.00

**B.**

Full Name (Last, First, Middle Initial)

MYRON E STOUFFER

Mailing Address 1528 JESSICA LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP State Team

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.77

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799454

Amount of Each Receipt this Period

23.03

**C.**

Full Name (Last, First, Middle Initial)

CHRISTINE A SULLIVAN

Mailing Address 257 BIG TERRA LANE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.52

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713728

Amount of Each Receipt this Period

25.94

**SUBTOTAL** of Receipts This Page (optional) .....

87.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

CHRISTINE A SULLIVAN

Mailing Address 257 BIG TERRA LANE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.46

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799350

Amount of Each Receipt this Period

25.94

**B.**

Full Name (Last, First, Middle Initial)

KEVIN T SULLIVAN

Mailing Address 221 CARRIAGE HILL CIR

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President -Corp Ethn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

764.81

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714109

Amount of Each Receipt this Period

97.37

**C.**

Full Name (Last, First, Middle Initial)

KEVIN T SULLIVAN

Mailing Address 221 CARRIAGE HILL CIR

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President -Corp Ethn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

862.18

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799728

Amount of Each Receipt this Period

97.37

**SUBTOTAL** of Receipts This Page (optional) .....

220.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KATHLEEN A SWAIN

Mailing Address 242 HIGHVIEW

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Enterprise Applicatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.55

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713888

Amount of Each Receipt this Period

55.75

**B.**

Full Name (Last, First, Middle Initial)

KATHLEEN A SWAIN

Mailing Address 242 HIGHVIEW

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Enterprise Applicatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.30

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799509

Amount of Each Receipt this Period

55.75

**C.**

Full Name (Last, First, Middle Initial)

JERROLD S SZOSTAK

Mailing Address 1064 W GLENN TRAIL

City

ELK GROVE

State

IL

Zip Code

60007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Reserve Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.47

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713930

Amount of Each Receipt this Period

38.64

**SUBTOTAL** of Receipts This Page (optional) .....

150.14

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JERROLD S SZOSTAK

Mailing Address 1064 W GLENN TRAIL

City

ELK GROVE

State

IL

Zip Code

60007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Reserve Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.11

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799551

Amount of Each Receipt this Period

38.64

**B.**

Full Name (Last, First, Middle Initial)

BENJAMIN A TARVER

Mailing Address 2495 EMERALD LANE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Corporate Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.58

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799395

Amount of Each Receipt this Period

22.77

**C.**

Full Name (Last, First, Middle Initial)

JANICE M TAYLOR

Mailing Address 7335 ATHLONE

City

HOUSTON

State

TX

Zip Code

77088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Frontline Performance Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.69

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799701

Amount of Each Receipt this Period

23.21

**SUBTOTAL** of Receipts This Page (optional) .....

84.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MARK L THOMPSON

Mailing Address 3233 N RACINE #2

City

CHICAGO

State

IL

Zip Code

60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-PRODUCT NON-STANDARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.65

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714091

Amount of Each Receipt this Period

26.65

**B.**

Full Name (Last, First, Middle Initial)

MARK L THOMPSON

Mailing Address 3233 N RACINE #2

City

CHICAGO

State

IL

Zip Code

60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-PRODUCT NON-STANDARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.30

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799710

Amount of Each Receipt this Period

26.65

**C.**

Full Name (Last, First, Middle Initial)

W. J THOMPSON

Mailing Address 1734 SHOAL CREEK TERRACE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.73

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713822

Amount of Each Receipt this Period

38.91

**SUBTOTAL** of Receipts This Page (optional) .....

92.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

W. J THOMPSON

Mailing Address 1734 SHOAL CREEK TERRACE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799444

Amount of Each Receipt this Period

38.91

**B.**

Full Name (Last, First, Middle Initial)

LOREE E TOEDMAN

Mailing Address 21949 HICKORY HILL DR.

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP ENCOMPASS FIELD DISTR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714111

Amount of Each Receipt this Period

40.75

**C.**

Full Name (Last, First, Middle Initial)

LOREE E TOEDMAN

Mailing Address 21949 HICKORY HILL DR.

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP ENCOMPASS FIELD DISTR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799730

Amount of Each Receipt this Period

40.75

**SUBTOTAL** of Receipts This Page (optional) .....

120.41

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ROBERT E TRANSON

Mailing Address 2644 N DOUGLAS

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Strategic Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-713942

Amount of Each Receipt this Period

28.53

**B.**

Full Name (Last, First, Middle Initial)

ROBERT E TRANSON

Mailing Address 2644 N DOUGLAS

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Strategic Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: A2008-799563

Amount of Each Receipt this Period

28.53

**C.**

Full Name (Last, First, Middle Initial)

MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Agency Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	8

Transaction ID: A2008-714068

Amount of Each Receipt this Period

47.07

SUBTOTAL of Receipts This Page (optional) .....

104.13

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Agency Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

410.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799687

Amount of Each Receipt this Period

47.07

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &amp;

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

419.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

Transaction ID: A2008-713950

Amount of Each Receipt this Period

53.99

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &amp;

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

473.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799571

Amount of Each Receipt this Period

53.99

SUBTOTAL of Receipts This Page (optional) .....

155.05

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713887

Amount of Each Receipt this Period

32.70

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799508

Amount of Each Receipt this Period

32.70

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA C VANLAMMEREN

Mailing Address 9868 PALACE GREEN WAY

City

VIENNA

State

VA

Zip Code

22181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714105

Amount of Each Receipt this Period

55.77

**SUBTOTAL** of Receipts This Page (optional) .....

121.17

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA C VANLAMMEREN

Mailing Address 9868 PALACE GREEN WAY

City

VIENNA

State

VA

Zip Code

22181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799724

Amount of Each Receipt this Period

55.77

**B.**

Full Name (Last, First, Middle Initial)

RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City

BERWYN

State

IL

Zip Code

60402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

Transaction ID: A2008-713879

Amount of Each Receipt this Period

39.61

**C.**

Full Name (Last, First, Middle Initial)

RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City

BERWYN

State

IL

Zip Code

60402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799500

Amount of Each Receipt this Period

39.61

SUBTOTAL of Receipts This Page (optional) .....

134.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL J VELOTTA

Mailing Address 1111 LOYOLA DR

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Sec & Gene

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.32

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714070

Amount of Each Receipt this Period

77.04

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL J VELOTTA

Mailing Address 1111 LOYOLA DR

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Sec & Gene

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.36

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799689

Amount of Each Receipt this Period

77.04

**C.**

Full Name (Last, First, Middle Initial)

STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City

WADSWORTH

State

IL

Zip Code

60083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Treasure

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.46

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713768

Amount of Each Receipt this Period

70.12

**SUBTOTAL** of Receipts This Page (optional) .....

224.20

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City

WADSWORTH

State

IL

Zip Code

60083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Treasure

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

617.58

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799390

Amount of Each Receipt this Period

70.12

**B.**

Full Name (Last, First, Middle Initial)

JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Corp. Rel.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.39

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714147

Amount of Each Receipt this Period

49.81

**C.**

Full Name (Last, First, Middle Initial)

JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Corp. Rel.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799766

Amount of Each Receipt this Period

49.81

**SUBTOTAL** of Receipts This Page (optional) .....

169.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City

CLOVIS

State

CA

Zip Code

93611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Marketing Claims Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713853

Amount of Each Receipt this Period

28.43

**B.**

Full Name (Last, First, Middle Initial)

MADELINE J WALKER

Mailing Address 5140 N SAN JUAN AVE

City

CLOVIS

State

CA

Zip Code

93611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Marketing Claims Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.87

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799474

Amount of Each Receipt this Period

28.43

**C.**

Full Name (Last, First, Middle Initial)

ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City

PONTE VEDRA

State

FL

Zip Code

32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

DIRECTOR CREDIT DEPARTMEN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713835

Amount of Each Receipt this Period

63.46

**SUBTOTAL** of Receipts This Page (optional) .....

120.32

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City

PONTE VEDRA

State

FL

Zip Code

32082

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Allstate Insurance Company

Occupation

DIRECTOR CREDIT DEPTMEN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

571.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799457

Amount of Each Receipt this Period

63.46

**B.**

Full Name (Last, First, Middle Initial)

THOMAS M WARDEN

Mailing Address 146 LA GRANDE

City

MOSS BEACH

State

CA

Zip Code

94038

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Allstate Insurance Company

Occupation

AVP Research Center

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

260.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

Transaction ID: A2008-713847

Amount of Each Receipt this Period

33.52

**C.**

Full Name (Last, First, Middle Initial)

THOMAS M WARDEN

Mailing Address 146 LA GRANDE

City

MOSS BEACH

State

CA

Zip Code

94038

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Allstate Insurance Company

Occupation

AVP Research Center

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

293.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799469

Amount of Each Receipt this Period

33.52

SUBTOTAL of Receipts This Page (optional) .....

130.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
EDWIN L WASINGER JR

Mailing Address 6245 MURIFIELD DRIVE

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Procurement Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.79

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714021

Amount of Each Receipt this Period

36.48

**B.**

Full Name (Last, First, Middle Initial)  
EDWIN L WASINGER JR

Mailing Address 6245 MURIFIELD DRIVE

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Procurement Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.27

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799641

Amount of Each Receipt this Period

36.48

**C.**

Full Name (Last, First, Middle Initial)  
DOUGLAS B WELCH

Mailing Address 1724 INDEPENDENCE AVE

City State Zip Code  
GLENVIEW IL 60026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.33

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713868

Amount of Each Receipt this Period

57.21

**SUBTOTAL** of Receipts This Page (optional) .....

130.17

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**Full Name (Last, First, Middle Initial)  
DOUGLAS B WELCH

Mailing Address 1724 INDEPENDENCE AVE

City	State	Zip Code
GLENVIEW	IL	60026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.54

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799489

Amount of Each Receipt this Period

57.21

**B.**Full Name (Last, First, Middle Initial)  
JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City	State	Zip Code
LIBERTYVILLE	IL	60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	8

Transaction ID: A2008-714093

Amount of Each Receipt this Period

32.20

**C.**Full Name (Last, First, Middle Initial)  
JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City	State	Zip Code
LIBERTYVILLE	IL	60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: A2008-799712

Amount of Each Receipt this Period

32.20

SUBTOTAL of Receipts This Page (optional) .....

121.61

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ROBERT J WHITE

Mailing Address 909 STILLWATER COURT

City

WESTON

State

FL

Zip Code

33327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.86

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713785

Amount of Each Receipt this Period

34.87

**B.**

Full Name (Last, First, Middle Initial)

ROBERT J WHITE

Mailing Address 909 STILLWATER COURT

City

WESTON

State

FL

Zip Code

33327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Territorial Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.73

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799407

Amount of Each Receipt this Period

34.87

**C.**

Full Name (Last, First, Middle Initial)

SAMUEL W WHITEMAN

Mailing Address 120 NE STONELEDGE PLACE

City

LEESBURG

State

VA

Zip Code

20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714083

Amount of Each Receipt this Period

31.75

**SUBTOTAL** of Receipts This Page (optional) .....

101.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

SAMUEL W WHITEMAN

Mailing Address 120 NE STONELEDGE PLACE

City

LEESBURG

State

VA

Zip Code

20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.36

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799702

Amount of Each Receipt this Period

37.46

**B.**

Full Name (Last, First, Middle Initial)

CYNTHIA R WHITLEY

Mailing Address 6722 NEW HAMPSHIRE TRAIL

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.25

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713824

Amount of Each Receipt this Period

39.10

**C.**

Full Name (Last, First, Middle Initial)

CYNTHIA R WHITLEY

Mailing Address 6722 NEW HAMPSHIRE TRAIL

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.35

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799446

Amount of Each Receipt this Period

39.10

**SUBTOTAL** of Receipts This Page (optional) .....

115.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Product Operations Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.88

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713901

Amount of Each Receipt this Period

32.96

**B.**

Full Name (Last, First, Middle Initial)

JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Product Operations Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799522

Amount of Each Receipt this Period

32.96

**C.**

Full Name (Last, First, Middle Initial)

ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714112

Amount of Each Receipt this Period

47.65

**SUBTOTAL** of Receipts This Page (optional) .....

113.57

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.95

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799731

Amount of Each Receipt this Period

47.65

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.64

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713933

Amount of Each Receipt this Period

39.93

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.57

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799554

Amount of Each Receipt this Period

39.93

**SUBTOTAL** of Receipts This Page (optional) .....

127.51

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

President &amp; COO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1841.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714040

Amount of Each Receipt this Period

244.62

**B.**

Full Name (Last, First, Middle Initial)

THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

President &amp; COO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2086.18

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799660

Amount of Each Receipt this Period

244.62

**C.**

Full Name (Last, First, Middle Initial)

BRUCE A WOIKE

Mailing Address 1318 N. CHESTNUT AVE.

City

ARLINGTON HTS.

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Accounting Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

209.94

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799632

Amount of Each Receipt this Period

19.88

SUBTOTAL of Receipts This Page (optional) .....

509.12

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City State Zip Code  
HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Field Operations M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713770

Amount of Each Receipt this Period

32.30

**B.**

Full Name (Last, First, Middle Initial)  
MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City State Zip Code  
HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Field Operations M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.30

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799392

Amount of Each Receipt this Period

32.30

**C.**

Full Name (Last, First, Middle Initial)  
RHONDA WOODARD

Mailing Address 2341 MARCY AVENUE

City State Zip Code  
EVANSTON IL 60201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP-PRODUCT DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.02

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714103

Amount of Each Receipt this Period

35.94

**SUBTOTAL** of Receipts This Page (optional) .....

100.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
RHONDA WOODARD

Mailing Address 2341 MARCY AVENUE

City State Zip Code  
EVANSTON IL 60201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP-PRODUCT DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799722

Amount of Each Receipt this Period

35.94

**B.**

Full Name (Last, First, Middle Initial)  
DONALD F WYATT JR

Mailing Address 811 DRESSER DR.

City State Zip Code  
MT PROSPECT IL 60056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.66

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713906

Amount of Each Receipt this Period

36.07

**C.**

Full Name (Last, First, Middle Initial)  
DONALD F WYATT JR

Mailing Address 811 DRESSER DR.

City State Zip Code  
MT PROSPECT IL 60056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.73

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799527

Amount of Each Receipt this Period

36.07

**SUBTOTAL** of Receipts This Page (optional) .....

108.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.97

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713974

Amount of Each Receipt this Period

49.89

**B.**

Full Name (Last, First, Middle Initial)

FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.86

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799595

Amount of Each Receipt this Period

49.89

**C.**

Full Name (Last, First, Middle Initial)

LORI J YELVINGTON

Mailing Address 1531 N HIGHLAND AVE

City

ARLINGTON HGTS.

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Procurement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.58

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713982

Amount of Each Receipt this Period

52.46

**SUBTOTAL** of Receipts This Page (optional) .....

152.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
LORI J YELVINGTON

Mailing Address 1531 N HIGHLAND AVE

City State Zip Code  
ARLINGTON HGTS. IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Procurement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.04

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799603

Amount of Each Receipt this Period

52.46

**B.**

Full Name (Last, First, Middle Initial)  
RICHARD P YOCIUS

Mailing Address 40135 N GOLDENROD

City State Zip Code  
WADSWORTH IL 60083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713908

Amount of Each Receipt this Period

41.75

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD P YOCIUS

Mailing Address 40135 N GOLDENROD

City State Zip Code  
WADSWORTH IL 60083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.75

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799529

Amount of Each Receipt this Period

41.75

**SUBTOTAL** of Receipts This Page (optional) .....

135.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City State Zip Code  
ARLINGTON HEIGHTS IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Personal Lines Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.88

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-713972

Amount of Each Receipt this Period

34.11

**B.**

Full Name (Last, First, Middle Initial)  
MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City State Zip Code  
ARLINGTON HEIGHTS IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Personal Lines Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.99

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799593

Amount of Each Receipt this Period

34.11

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Allstate Life Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.67

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714054

Amount of Each Receipt this Period

67.29

**SUBTOTAL** of Receipts This Page (optional) .....

135.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 160 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Allstate Life Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.96

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799674

Amount of Each Receipt this Period

67.29

**B.**

Full Name (Last, First, Middle Initial)  
GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City State Zip Code  
AURORA IL 60502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714045

Amount of Each Receipt this Period

37.75

**C.**

Full Name (Last, First, Middle Initial)  
GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City State Zip Code  
AURORA IL 60502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.75

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799665

Amount of Each Receipt this Period

37.75

**SUBTOTAL** of Receipts This Page (optional) .....

142.79

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

J K ZUZICH

Mailing Address 1125 ACORN TRAIL

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP HR People Planning &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.14

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: A2008-714099

Amount of Each Receipt this Period

35.83

**B.**

Full Name (Last, First, Middle Initial)

J K ZUZICH

Mailing Address 1125 ACORN TRAIL

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP HR People Planning &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.97

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: A2008-799718

Amount of Each Receipt this Period

35.83

**SUBTOTAL** of Receipts This Page (optional) .....

71.66

**TOTAL** This Period (last page this line number only) .....

21449.90

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 162 / 171

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Fifth Third Bank

Mailing Address 346 West Carol Lane

City  
Elmhurst

State  
IL

Zip Code  
60062

Purpose of Disbursement  
April 2008 bank charge.

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: IL

District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

Transaction ID: B212836

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2008

Amount of Each Disbursement this Period

156.51

SUBTOTAL of Disbursements This Page (optional) .....

156.51

TOTAL This Period (last page this line number only) .....

156.51

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 163 / 171

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Citizens for Arlen Specter

Mailing Address 203 Maryland Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name  
Arlen Specter

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District:

Transaction ID: B211825

Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Adler for Congress Inc.

Mailing Address PO Box 1024

City Mount Laurel State NJ Zip Code 08054

Purpose of Disbursement  
Contribution

Candidate Name  
John Adler

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 03

Transaction ID: B212119

Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Cote for Congress

Mailing Address PO Box 6902

City Portland State ME Zip Code 04103

Purpose of Disbursement  
Contribution

Candidate Name  
Adam Cote

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ME District: 01

Transaction ID: B212969

Date of Disbursement

04 / 23 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

TOTAL This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 164 / 171

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
Ben Nelson for US Senate Cmte.

Mailing Address 420 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name  
Ben Nelson

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District:

Transaction ID: B212971

Date of Disbursement

04 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Collins for Senator

Mailing Address 1200 19th Street NW Suite 400

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contribution

Candidate Name  
Susan M Collins

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District:

Transaction ID: B213034

Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth Dole Committee Inc

Mailing Address 128 N. Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name  
Elizabeth Dole

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: B213035

Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) ►

4000.00

**TOTAL** This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Friends of Dick Durbin

Mailing Address 200 East Jefferson Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement  
ContributionCandidate Name  
Richard J Durbin011  
Category/  
TypeOffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: IL District:

Transaction ID: B213298

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Grassley Committee

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement  
ContributionCandidate Name  
Charles E Grassley011  
Category/  
TypeOffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼

State: IA District:

Transaction ID: B213300

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Bilirakis for Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement  
ContributionCandidate Name  
Bilirakis Gus011  
Category/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼

State: FL District: 09

Transaction ID: B213297

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Ron Kind for Congress

Mailing Address 38 Ivy Street SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

Candidate Name  
Ron J Kind

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 03

Transaction ID: B213301

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Lungren for Congress

Mailing Address 201 Massachusetts Ave. NE Ste. C-3

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

Candidate Name  
Dan Lungren

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 03

Transaction ID: B213299

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Earl Pomeroy for Congress

Mailing Address PO Box 75214

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement  
Contribution

Candidate Name  
Earl Pomeroy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District: 01

Transaction ID: B213302

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Porter for Congress

Mailing Address PO Box 26087

City  
Las Vegas

State  
NV

Zip Code  
89136

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
Jon C Porter

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 03

**Transaction ID: B213303**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Schock for Congress

Mailing Address 1155 21st Street NW Suite 330

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
Aaron Schock

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 18

**Transaction ID: B213304**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

16000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
Bass for Assembly 2008 ID# 1292751

Mailing Address 1201 K Street Suite 1820

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
P-2008 State House 47 CACandidate Name  
Karen Bass011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B211823

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Citizens for Greenleaf

Mailing Address P.O. Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement  
G-2010 State Senate 12 PACandidate Name  
Stewart J. Greenleaf011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B211827

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Rafferty for Senate

Mailing Address P.O. Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement  
G-2010 State Senate 44 PACandidate Name  
John C Rafferty, Jr.011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B211826

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Don White

Mailing Address 638 School Road

City  
Indiana

State  
PA

Zip Code  
15701

Purpose of Disbursement  
G-2008 State Senate 41 PA

Candidate Name  
Donald C White

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B212234

Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Pennsylvania Insurance PAC

Mailing Address 1600 Market Street Suite 1520

City  
Philadelphia

State  
PA

Zip Code  
19103

Purpose of Disbursement  
O-2008 State PAC PA

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Not Applicable

Transaction ID: B212967

Date of Disbursement

04 / 23 / 2008

Amount of Each Disbursement this Period

7000.00

C.

Full Name (Last, First, Middle Initial)

IN House Republican Campaign Cmte

Mailing Address P.O. Box 44054

City  
Indianapolis

State  
IN

Zip Code  
46244

Purpose of Disbursement  
O-2008 State Party Cmte IN

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Not Applicable

Transaction ID: B213305

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Citizens to Elect Tom Cross

Mailing Address 24047 W. Lockport St. Suite 201

City Plainfield State IL Zip Code 60544

Purpose of Disbursement  
G-2008 State House 84 IL

Candidate Name  
Tom Cross

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: B213310**

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Citizens for Sidney Mathias

Mailing Address 4256 N. Arlington Hts. Rd. #104

City Arlington Heights State IL Zip Code 60004

Purpose of Disbursement  
G-2008 State House 53 IL

Candidate Name  
Sidney Mathias

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: B213315**

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

12000.00

Form/Schedule: **SA11AI**

Transaction ID:

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

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